



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

Issued by the Chief Inspector

Name of designated centre:	Killeshin
Name of provider:	The Rehab Group
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	08 March 2024
Centre ID:	OSV-0008557
Fieldwork ID:	MON-0041217

About the designated centre

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

Killeshin provides full-time residential care to five adults with mild and moderate intellectual disabilities. The service is located close to a busy town and within driving distance of scenic amenities. It comprises a two-story property with a separate single occupancy apartment attached to the side of the building. Support is provided by a team of health and social care workers. A sleepover staff support arrangement is provided at night-time.

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
Friday 8 March 2024	11:00hrs to 16:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was the first inspection of a newly registered centre. It was an announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support Regulations (2013). The inspection 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.

Killeshin opened in August 2023 and was registered as part of the provider's reconfiguration of services. It is located in a residential area close to a busy town and within driving distance of scenic amenities. The premises was bright and spacious and suitable to the assessed needs of the residents. The entrance hall was welcoming. The kitchen and dining room were well-equipped and a plentiful supply of nutritious foods were provided. The sitting room was warm and comfortably decorated, with doors that opened to the garden. Each resident had their own bedroom, some of which had en-suite shower rooms. A utility room was provided for the storage of cleaning products and the laundering of linens and clothing. At the rear of the house there was a large garden with a pleasant patio area and a view of a woodland area. There were goalposts on the lawn for a resident that enjoyed football.

One resident had a separate apartment which was attached to the side of the main building. Staff told the inspector that this resident was very happy in their new home as they had their own space and independence while remaining close to the support of the staff team and the company of their peers. The inspector visited the resident in their apartment. It had a separate entrance hall and the inspector found that it provided a very pleasant living space which met with the resident's assessed needs. There were a number of colourful easy-to-read posters displayed which helped the resident complete household tasks with safety and with autonomy. This was reported to work well. Although the resident did not hold a conversation with the inspector, they appeared content and happy in their home.

On arrival, the inspector met with the person in charge and the team leader. The residents at this centre were reported to value their independence and the person in charge told the inspector that their choices were respected and positive risk taking was supported. Four residents had left the centre earlier that morning to attend a range of events, including a medical appointment, a grocery shopping trip, attendance at a day centre and a work placement in a local bar and restaurant. Some residents used public transport to travel to their local community. Others used the transport provided.

The inspector met with three of the residents on their return to their home later that day. The inspector noted that they had independent access to and from their home

and had door keys if they wished to have one. One resident was wearing the staff uniform of their work placement which they appeared proud of. They discussed their work placement and their plans to spend their wages. Another resident was putting away their shopping and enjoying tea at the table with the staff on duty. They spoke briefly with the inspector and told them that they were happy in their new home and happy with the people that they lived with. If they had a concern, they were told the inspector that they were aware of what to do. The atmosphere in the centre was very pleasant and interactions between the residents and staff were cheerful, kind and caring.

Most residents had contact with their families and this was supported by the staff at the centre. This included telephone calls, family visits to the centre and visits home if appropriate. Residents and their families were actively involved in the planned move to the new property and the transition was under ongoing review to ensure that it was working well. This will be expanded on below.

When asked, staff spoke with the inspector about using a human rights approach to their work. They said that they completed training modules in human rights and the information gained acted as a reminder of the importance of using a person centred rights based approach in their work. They spoke about offering choice, positive risk taking and advocating for rights on a daily basis. This was observed on the day of inspection as residents made requests to complete activities which were then planned for.

Overall, the inspector found that Killeshin 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.

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.

The provider had a directory of residents which was up to date and available for review in the centre. It included the information required under Schedule 3 of the regulation. In addition, the provider had an up to date admissions policy and each resident had a contract of care in place which included details of the service provided and the fees charged. Each resident had a comprehensive transition plan

which was under regular review. The inspector found that all residents and their families had an opportunity to visit the service prior to admission if appropriate. A six month look back meeting was planned for April 2024 which residents were invited to attend. This was to review the effectiveness of the transition for each resident and to consider changes if required.

The statement of purpose was available to read in the centre. It had been revised recently and contained the information required under Schedule 1 of the regulation.

The management structure consisted of a person in charge who had the support of team leader that was based in the centre. The person in charge had responsibility for the governance and oversight of two designated centres at the time of inspection, which were located close to 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. Relief staff were required on occasion, however, they were consistently employed at the centre and familiar with resident's needs. 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. A staff training matrix was maintained which included details of when staff had attended training. The inspector found that where training modules were due to expire, that this was effectively planned for. Therefore, all training modules from the sample reviewed were up to date. Where required, additional training was provided. For example, in person training in safeguarding and protection was provided in collaboration with the Health Service Executive (HSE) Safeguarding and Protection Team. In addition, the team leader attended a training programme on boundary management as recommended by the Safeguarding and Protection Team and the strategies used were being introduced to residents in order to support their understanding of staying safe. As outlined, some residents had a decline in their health and wellbeing. Training in relevant medical assessments such as blood pressure monitoring was provided recently. Staff had access to a formal programme of staff supervision and performance management. Meetings were taking place in accordance with the provider's policy.

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. The centre was adequately resourced to ensure the effective delivery of care and support. A range of audits were in use in this centre. The unannounced six monthly audit was completed in December 2023 and an action tracker was in place as part of a quality improvement plan (QIP). This was a subject to regular review. Team meetings were taking place on a monthly basis and were well attended. In addition, residents had monthly meetings with their keyworkers to

ensure that there was effective oversight of the service provided. Where incidents occurred, 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

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. Additional bespoke training was provided if required. A formal schedule of staff supervision and performance management was in place and meetings were up to date.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had a directory of residents which was up to date and available for review in the centre. It included the information required under Schedule 3 of the

regulation
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 24: Admissions and contract for the provision of services
The provider had an up to date admissions policy and a comprehensive transition plan was available for review. All residents and their families had an opportunity to visit the service prior to admission. Each resident had a contract of care in place which included details of the service provided and the fees charged.
Judgment: Compliant
Regulation 3: Statement of purpose
The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulation.
Judgment: 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

Quality and safety

The inspector found that the service provided in Killeshin was of good quality, person-centred and safe. Residents' rights were respected and they were supported to live rewarding lives as active participants in their community.

Residents at this designated centre were admitted in August 2023. The person in charge told the inspector that the care and support of all residents was under ongoing review. They said that they were aware that some residents required increased care in order to support them as they aged. They said that this was part of the service provided at Killeshin, while continuing to respect and promote each person's independence as much as possible. In addition, they said that one resident required more independence and space from their peers. The apartment at the side of the building provided this while at the same time, ensuring that support was nearby if required. This meant that the provider was actively monitoring the quality and safety of the care provided and taking action to address changes in need if required.

Residents were provided with appropriate care and support which was in line with their assessed needs and their individual wishes. Access to facilities for occupation and recreation were provided. These included home and community based activities such as community day services, work placements, sensory experiences, spiritual trips, sporting events and competitions, shopping, concerts and day trips. Comprehensive assessments of residents' health, personal and social needs were completed. Each resident had a personal-centred plan and an assessment of need which were reviewed regularly. Residents and their representatives were involved in setting goals through their personal planning meetings. Goals changed in line with residents preferences and were updated regularly to ensure that they were relevant. One resident participated in regular overnight trips by themselves or with their peers. For example, they had travelled to Mayo recently which they were reported to enjoy. Other residents had a trip to Portugal planned.

Residents who required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. For example: residents attended physiotherapy, speech and language therapy and occupational therapy. In addition, residents had access to consultant based services if required. Access to national screening programme was discussed with residents and easy-to-read documents were provided. As some residents were aging, plans were in place to commence discussions relating care and support in older age to ensure that resident's wishes were acknowledged and documented.

Residents that required support with behaviours of concern had the support of a psychologist and a behaviour support specialist. Behaviour support plans were reviewed recently and the provider's policy on behaviour support was up to date. The person in charge spoke with the inspector about some issues arising during the

initial transition phase. However, these had reduced significantly in recent time. The inspector spoke with staff about what to do if a behavioural issue arose and it was clear that they were aware of what to do if required. Restrictive practices were in use in this centre. The provider consulted with the resident regarding these and my choice documents were in place.

Residents' protection was taken seriously in the centre. Some safeguarding incidents had occurred in the past and the inspector found that they were acknowledged as such, documented effectively and actioned in line with local and national policy. Compatibility assessments were completed and were subject to regular review. Staff training in safeguarding and protection was up to date and additional bespoke training was provided as outlined under regulation 16 above. In addition, residents were supported to understand safeguarding and about how to keep themselves safe. This included access to training in understanding boundaries. Staff spoken with were aware of the identity of the designated officer and aware of what to do should a concern arise. Residents spoken with said that they liked living in the centre and felt safe in their home.

A human rights based approach to care was evident in in the centre. Residents were supported to participate in decisions about their care and support and to have control in their daily lives. For example, all matters were discussed with resident and my choice documents were in place if required. Residents meetings were taking place regularly and were reported to work well. In addition, residents were supported to exercise their civic rights. For example, the inspector reviewed easy-to-read information on ballot papers and voting. One resident was observed leaving the centre with their voting card on the day of inspection.

As outlined, this was a new service which was provided in a purpose-built premises. The property provided was of high standard. It was designed to meet with the assessed needs of the residents. It was of sound construction and in a good state of repair. It was clean and suitably decorated. Where adaptations were required, this was documented and progressed as part of a maintenance plan.

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. In addition, the fire training provided for staff was adapted and offered to residents in the centre. All residents attended and were provided with a certificate of completion at the end of the training module.

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.

Regulation 13: General welfare and development

Resident were provided with appropriate care and support which was in line with their assessed needs and their individual wishes. Residents had access to a wide range of facilities for occupation and recreation.

Judgment: Compliant

Regulation 17: Premises

The premises provided was designed and laid out to meet with the aims and objectives of the service and the number and needs of the residents. It was of sound construction and in a good state of repair.

Judgment: Compliant

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 access to behaviour support 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

The provided ensured that residents were supported to develop the knowledge and skills needed for self-care and protection. The safeguarding and protection policy was up to date and staff were provided with training. Where safeguarding concerns arose, these were followed up in line with the safeguarding procedures and safeguarding plans were developed, as required.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	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	Compliant
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