



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

Name of designated centre:	Killeen Lodge
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	14 February 2018
Centre ID:	OSV-0003380
Fieldwork ID:	MON-0020828

## About the designated centre

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

This centre supports six male adults and comprise of a detached dormer bungalow situated in a rural setting in County Kildare. The centre aims to support residents with autism, some mental health needs and can support residents with their changing needs. Transport is available in the centre for residents to access community facilities. Staff working in the centre include social care workers and health care assistants. Staff are supported by the person in charge who is full time in their role, there are also assigned team leaders in place to assist the person in charge in the supervision of staff practices in the centre.

**The following information outlines some additional data on this centre.**

Current registration end date:	21/06/2018
Number of residents on the date of inspection:	6

## How we inspect

To prepare for this inspection the inspector or 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
14 February 2018	10:00hrs to 18:30hrs	Anna Doyle	Lead

## Views of people who use the service

The inspector met all of the residents living in the centre and spoke with four residents in order to get their views on the quality of care and support being provided in the centre.

All of the residents expressed that they were happy living in the centre and that they discuss concerns or comments in relation to their care which are responded to appropriately.

It was evident from talking with the residents that they were involved in planning and directing their own care in the centre. They spoke positively about having access to meaningful activities in the centre. Some examples included, employment, attending day services and planning goals both to improve their independence and realise some long term dreams. Family involvement was supported and residents spoke about how staff assisted them to maintain family contact.

The four residents also talked to the inspector about their personal plans. They were all very clear about their own healthcare needs and the supports in place to meet those needs. Residents spoke about the allied health professionals involved in their care and knew about up coming appointments to assist them with this. They spoke about the meals provided in the centre and were generally happy with the quality of food and options available.

Residents were also involved in their local community and spoke about knowing their neighbours. Age appropriate activities were also promoted and all residents enjoyed going to the local pub every week. Some were also considering new educational opportunities to advance their knowledge which they hoped would lead to wider employment opportunities. They spoke about how they were involved in the running of the centre through weekly meetings and one to one key working meetings.

## Capacity and capability

The inspector found that the provider had implemented the actions required from the last inspection. There had been improvements to the governance and management structures with the appointment of a new person in charge and this had contributed to positive outcomes for residents. Some improvements were

required in the annual review for the centre and the statement of purpose.

The provider had nominated personnel in the organisation to complete audits, the details of which were available in the centre. The governance and management procedures in the centre were affecting change and enhancing the quality of service provided. The inspector found that the provider was taking responsive actions to the information being gathered on the quality of care audits being completed from an organisational perspective to improve standards and practice. For example, "quality zooms" were circulated to centres when an area of improvement was identified. These quality zooms demonstrated what was considered good practice thus informing staff practice.

### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required documents in their application to renew the registration of the centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The actions from the previous inspection had been completed. The person in charge was full time in their role, suitably qualified and demonstrated a very good knowledge of the residents' needs in the centre.

Judgment: Compliant

### Regulation 15: Staffing

No actions were required from the previous inspection. Changes had been made to the staffing arrangements in the centre since the last inspection in order to support residents in the evening time. The personnel files which were reviewed subsequent to the inspection contained the documents required under Schedule 2 of the regulations.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider's induction process for new staff includes the completion of all mandatory training prior to commencing their role. Staff had completed training since the last inspection to support residents with independent skills teaching, dementia and one staff had completed a management course.

Judgment: Compliant

## Regulation 19: Directory of residents

A directory of residents was maintained in the centre.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider submitted a contract of insurance as part of their application to renew the registration of the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were appropriate management systems in place which identified lines of accountability. An annual review had been completed and while it included some residents' views, it did not include the views of residents' representatives. An unannounced quality and safety review had also been completed in November 2017. The provider also had some quality initiatives in place to improve practices in the centre.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

A statement of purpose was available in the centre. Some minor adjustments were

required and it was to be submitted to HIQA post inspection.
Judgment: Substantially compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge and the provider were aware of their requirements under this regulation and there were mechanisms in place to ensure that all notifications were reported to HIQA as required.
Judgment: Compliant
<b>Regulation 32: Notification of periods when the person in charge is absent</b>
The provider was aware of their requirements under this regulation and had contingencies in place in such an event.
Judgment: Compliant
<b>Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent</b>
The provider was aware of their requirements under this regulation and had contingencies in place in such an event.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
A complaints policy was available in the centre and residents were supported to raise concerns through one to one key working meetings. Residents spoken to gave examples of this and showed the inspector their own personal records which detailed how their concerns were being followed up.
Judgment: Compliant

## Quality and safety

It was evident on this inspection that actions since the previous inspection had brought about change and had enhanced the quality of life for residents. The person in charge demonstrated a very good knowledge of the residents' needs in the centre and had implemented a number of changes since the last inspection which was contributing to positive outcomes for residents.

On review of the mechanisms in place to review the quality of care being provided in the centre, the inspector found that improvements were implemented. For example, medication errors were responded to appropriately, incidents were being reviewed and residents were supported to have meaningful activities in the centre.

The inspector found that there had been improvements in the use of restrictive practices in the centre with some having been assessed as no longer being required. The person in charge outlined their plan to continually assess the need for restrictions every three months. However, one environmental restriction required improvements to ensure that guides in place were clear for all staff to ensure consistency of care.

Staffing levels had been increased in the centre in the evening times which was contributing to residents being safe in the centre.

The centre was homely, personalised and on arrival to the centre the inspector was welcomed by a resident. Improvements had been made to the premises since the last inspection and there were plans in place to replace windows in the centre. Some minor improvements were required in the upkeep of the centre some of which had been completed by the end of the inspection.

Residents were observed to be very content living in the centre and spoke positively about the staff and quality of care being provided. Concerns raised by residents were acted on and residents were aware of the actions being taken to address these. The transition of residents was being completed in line with their own wishes and needs.

## Regulation 10: Communication

Residents' communication needs had been assessed and communication passports had been developed which included the interventions in place to support residents. Some improvements were required in the review of these in order to assess their effectiveness and to ensure that the recommendations from allied health

professionals were included.

Judgment: Substantially compliant

### Regulation 11: Visits

Residents spoke about visitors being welcomed in the centre and there was a policy maintained in the centre.

Judgment: Compliant

### Regulation 17: Premises

The premises was homely and each resident had their own bedroom. Some minor improvements were required to the premises on the day of the inspection. This included the paintwork in one room and one floor tile was broken in an en-suite bathroom. The provider and the person in charge had also identified that the windows in the centre needed to be replaced. The inspector found that there was a plan to address this for 2018. Some residents did not want the inspector to see their bedroom and this was respected.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The action from the last inspection was completed. Residents were happy with the food provided in the centre and personal choices were respected. Menu plans were available in the centre.

Judgment: Compliant

### Regulation 20: Information for residents

Residents had personal information folders in the centre, which contained information about their rights. Information boards in the centre displayed upcoming events in the community.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

A resident who was transitioning from the centre in line with their own wishes, spoke to the inspector about this and detailed how they were being supported with this. It was evident that they were fully involved in this process and their wishes were respected.

Judgment: Compliant

### Regulation 26: Risk management procedures

The actions from the last inspection had been completed. A centre specific safety statement was now in place in the centre. All incidents occurring in the centre were reviewed at staff meetings and reported to the clinic team, the regional manager and the director of care. Risk assessments were being reviewed regularly by the person in charge. The risk management policy contained the requirements under the regulations.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The actions from the last inspection had been completed. Each resident was involved in the personal planning mechanisms in place in the centre. Residents were supported to achieve meaningful lives and were involved in learning new skills in order to promote their independence. Task analysis records were maintained to guide this, however, the review of these skills was only completed on a yearly basis and not periodically so as to review its effectiveness or achievements for residents to date.

Judgment: Substantially compliant

### Regulation 6: Health care

The actions from the last inspection were completed. Residents spoke about the details contained in their own personal plan and the supports in place to meet their

needs. Some spoke about being educated around their needs and how their right to refuse certain interventions had been respected and documented. Residents had access to a number of allied health professionals to support them with their needs where required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The actions from the last inspection had been completed. The person in charge had undertaken a review of the restrictions in the centre in order to reduce them. The person in charge demonstrated that they intended to continually review these practices to promote a restraint free environment. However, one environmental restriction required improvements to ensure that guides in place were clear for all staff to ensure consistency of care.

Judgment: Substantially compliant

### Regulation 8: Protection

The actions from the last inspection had been completed. Safeguarding plans were now being reviewed in the centre. The staffing levels in the centre had been increased in the evening times, which was found to be having a positive outcome for residents living there. Residents spoken to felt safe in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were observed to be treated with respect and dignity at all times. It was evident from talking to residents that their own views and choices were respected in the centre. Residents were supported to have a key to their bedroom should they so wish.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Killeen Lodge OSV-0003380

Inspection ID: MON-0020828

Date of inspection: 14/02/2018

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
<ol style="list-style-type: none"> <li>Annual review template to be updated to include views from resident's representatives.</li> <li>Contact resident's representatives for additional feedback to further improve quality of service when completing the annual review. The next annual review is due in June 2018.  </li> </ol>	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:	
<ol style="list-style-type: none"> <li>Update Statement of Purpose submit into HIQA.  </li> </ol>	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication:	
<ol style="list-style-type: none"> <li>Re-assessment for one residents to be complete for Speech and Language Therapist.</li> <li>Update communication passport with recommendation from Speech and Language report.  </li> </ol>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

1. Schedule of works needed in the Centre was provided to the Maintenance Department and all works scheduled to be completed by 14th June 2018. |

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

1. Task analysis to be discussed and reviewed at monthly meetings with team.
2. Task analysis review will be overseen by the PIC on a monthly basis. |

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

1. Environmental restriction as stated by the inspector was discussed at clinical meeting on the 18th of April.
2. MDT to be held regarding clear guidelines for staff around the specific restriction.
3. Restraint reduction plan to be implemented in Personal Plan under the support of Behavioral Team.
4. Reduction Plan to be overseen by the PIC to ensure it continues to be implemented successfully.
5. Restriction to be reviewed at the monthly Team meetings by the PIC and team. |

## 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 10(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.	Substantially Compliant	Yellow	14 June 2018
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	14 June 2018
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their	Substantially Compliant	Yellow	14 June 2018

	representatives.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	02 May 2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30 April 2018
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30 May 2018