



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

Issued by the Chief Inspector

Name of designated centre:	Killowen House
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	22 July 2020
Centre ID:	OSV-0005671
Fieldwork ID:	MON-0029882

About the designated centre

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

The centre is a two bedroom bungalow located close to the centre of a large town in Co. Louth. Two gentlemen live in this centre, both of whom transitioned to the centre in December 2017. The centre is spacious and homely and each resident has a large bedroom. The staffing levels in the centre comprise of nurses, social care workers and health care assistants. There are two staff on duty during the day, who provide individualised supports to each resident and one staff supports residents at night. The person in charge is responsible for three other centres under the provider. They are supported in their role by a clinic nurse manager who is assigned six hours to this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 July 2020	11:00hrs to 16:25hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

There were two residents living in the centre on the day of inspection. One resident was being supported on a social outing as was their preference. The inspector was introduced to the other resident living in the centre. This resident used non-verbal forms of communication to interact with staff and the inspector observed the staff member supporting the resident was knowledgeable on the resident's communication means and intent.

The inspector met with the person in charge and with the clinical nurse manager, who was supporting the resident in the centre. From observation, a review of documentation and discussion with the clinical nurse manager, it was evident that the services provided were focused around the individual needs and preferences of the residents. The model of care and support embraced the approach of continual improvement in order that residents could live their life as they chose while also promoting independent skill development, community integration, social skill development and ongoing learning. For example, the clinical nurse manager showed the inspector a sitting room for one resident which had recently been converted from a staff office, in order that this resident could enjoy their own space and music. The resident appeared to be very content and comfortable in the centre, and was observed to make their own hot drink, a skill which had been achieved since moving into the centre a few years previous. Similarly, picture albums of residents making their own meals were shown to the inspector, with residents using some of the produce they were supported to grow.

The centre was located in a large town, and recently a review had been completed of residents' community integration opportunities, the recommendations of which included promoting more use of local community facilities in the town. Consequently residents' activities had been reviewed and updated to include activities such as using the local bank and pharmacy, joining the local sport club, and using local shops, pubs and cafes. Similarly the review had identified further skill development opportunities for residents such as learning the concept of money for goods exchange while shopping.

Capacity and capability

From observation, it was evident that the resident in the centre on the day of inspection appeared happy in their home and was supported with a good quality of care and support. The centre was appropriately resourced, meeting the needs of both residents in a holistic and person centred way, while promoting residents' independence, autonomy and community participation. The service provided was safe, of good quality and regularly monitored, reflecting a high level of compliance

found on the day of inspection.

The centre had produced a statement of purpose which accurately reflected the facilities and services provided to residents, and contained all of the information as required in Schedule 1 of the regulations.

There were sufficient staffing levels in the centre, with the appropriate skills and qualifications to meet the needs of the residents. The centre employed nurses, social care workers and healthcare assistants. There were two staff members on duty during the day and one staff member at night time. The roster was planned in order to meet the individual preferences of the residents. For example, a male and female staff member were on duty daily and the clinical nurse manager told the inspector this facilitated residents to choose the staff that would work with them during the day. The inspector reviewed rosters for a five month period, and found that the rosters were maintained in accordance with the requirements of the regulations. Continuity of care was provided through consistent staff provision, and where vacancies arose due to staff absences, these vacancies were filled by regular relief staff.

The inspector reviewed staff training records. Since the last inspection, training had been provided in basic life support, positive behavioural support, and the administration of a medication for one resident. Dysphagia training had been provided to most staff members. However; evidence was not available to confirm two recently employed staff members had received this training. Staff had up-to-date mandatory training in safeguarding, positive behavioural support and fire safety. Additional training had also been provided in manual handling, infection control, use of personal protective equipment, hand hygiene and Children First. The training provided ensured that staff had the appropriate knowledge and skills to plan and deliver care and support in response to residents' needs.

The governance arrangements in the centre had ensured residents were provided with the care and support necessary to meet their needs and to fulfil their goals and wishes in a safe and effective manner. There was an appropriate management structure in the centre with clear lines of responsibility and accountability. Staff reported to the person in charge or in their absence a clinical nurse manager. The person in charge also had responsibility for three other centres within the service, and attended the centre one to two times a week. The clinical nurse manager worked in the centre two days a week and a staff member was assigned as shift leader on the days the clinical nurse manager was not in the centre.

Informal supervision was provided to staff by the person in charge and the clinical nurse manager on a day to day basis, with formal supervision provided every six months. The inspector reviewed supervision records for three staff members and found the supervision provided was of good quality. Supervision included a review of the staff's personal and professional responsibilities in the delivery of care and support to residents, and setting objectives to further develop their roles. There were monthly staff meetings held in the centre and items discussed included for example, a review of incidents in the centre, safeguarding, residents' goals, skills teaching, staff training and infection control. The inspector reviewed minutes of three

staff meeting and found, where required, actions were developed and were either completed or in progress in line with specified time frames.

There was regular monitoring of the services provided to residents in the centre. Six-monthly unannounced visits by the provider had been completed and the inspector reviewed the two most recent reports. Comprehensive reviews of the quality and safety of care and support provided to residents formed the basis of these reports. A number of actions were developed as part of the reviews and the inspector found all of the actions were completed on the day of inspection. For example, outstanding personal plans had been developed, required maintenance work was completed and up-to date staff training in positive behavioural support had been provided.

A number of audits were also completed in the centre including medication management, infection control, fire safety, and where issues arose, actions were completed. Residents' financial records were also checked by two staff daily, ensuring residents' finances were managed and safeguarded appropriately. The outcomes of audits formed the basis of the centre's quality enhancement plan, which was reviewed by the person in charge and the person participating in management regularly. With the exception of two actions, on hold due to COVID-19 restrictions, all actions had been completed. The person in charge told the inspector they met with the person participating in management (PPIM) monthly and while no minutes of these meetings were maintained, the person in charge showed the inspector post meeting emails sent to the PPIM confirming items discussed or actions agreed.

Since the last inspection, the contract for the provision of services had been updated and outlined the arrangement for assessment of fees to be charged to residents and details of where fees were specified within residents' personal plans.

Regulation 15: Staffing

There was sufficient staffing with the appropriate skills and qualifications to meet the needs of the residents in accordance with their personal plans. Planned and actual rosters were maintained reflecting staff on duty during the day and at night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with the appropriate mandatory training as well as additional training in order to meet the specific needs of the residents. Outstanding training identified on the last inspection had since been provided to most staff, however; evidence was not available to confirm two recently appointed staff had

received this training. Appropriate informal and formal supervision was provided to staff in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place ensured the service provided was appropriate in meeting residents' needs and goals. There was a clearly defined management structure and there was ongoing monitoring of the service provided to residents to ensure it was safe and effective. The person in charge was in attendance in the centre regularly and suitable arrangements were in place for the management of the centre in the absence of the person in charge.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The contract for the provision of services had been updated since the last inspection and outlined the arrangement for assessment of fees to be charged to residents and details of where fees were specified within residents' personal plans.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had an up-to-date statement of purpose which accurately reflected the facilities and services provided to residents and contained all of the information as required in Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Residents were supported through a person centred model of care and support, embracing the individual preferences of residents while promoting life skill

development, community integration and personal contribution.

The inspector reviewed two personal plans. Each resident had an assessment of need completed, which identified health, social and personal needs. The assessment of need for each resident had been reviewed annually and incorporated needs identified through multidisciplinary team members assessments.

Personal plans were developed for all identified health, social and personal needs, and plans clearly set out the support required to meet residents' identified needs. The inspector reviewed notes of residents' reviews, monitoring records and multidisciplinary reviews and found all plans had been implemented in practice. For example, scheduled healthcare appointments were facilitated, communication aids were observed to be used and a recommended personal care aid had been sourced for a resident's use.

Residents had also been supported to develop goals in line with their wishes and in order to promote skill development, learning of new concepts and develop independence. For example, residents had been supported to grow their own vegetables and to use this produce for meal preparation in the centre. One of the residents had got a new dog, enhancing their opportunities for social engagement and physical activity. Photographs of residents engaging in goal activities were maintained. Goals were reviewed regularly in order to assess the effectiveness of plans and to develop new objectives once goals were achieved. Skill development opportunities for residents also considered emerging needs such as road safety awareness and hand hygiene techniques.

Appropriate healthcare was provided to residents and residents had access to a range of healthcare professionals in line with their assessed needs. For example, residents accessed a general practitioner, dentist and chiropodist in the community and a psychiatrist, speech and language therapist and physiotherapist through the services of the provider. Regular reviews were completed with healthcare professionals as the need arose.

The inspector reviewed records of incidents in the centre and found appropriate systems were in place for reporting, recording and investigating incidents. For example, adverse incidents involving residents were recorded and subsequent reviews by the relevant multidisciplinary team member were completed. Risk assessments were also developed and reviewed following adverse incidents and risk management plans incorporated the recommendations of these team members following reviews. Adverse incidents and outcomes were also discussed at staff team meetings ensuring effective communication and learning.

A risk register was maintained in the centre and all risks had been identified with plans developed to minimise these risks. Individual and site specific risks were outlined in the risk register and the inspector found control measures were implemented in practice. For example, protective equipment was provided to a resident to minimise the risk of injury from a fall, staffing levels were in line with the specified measure to support residents with their emotional needs, and appropriate infection control measures were found to be in place in response to recent COVID-

19 precautions.

The centre had appropriate infection prevention and control precautions in place, and procedures had been adopted in line with national guidance including a recent update of the visitors policy. Appropriate hand washing facilities were provided and social distancing was observed to be maintained. Personal protective equipment was provided and used in line with public health guidance.

The inspector reviewed fire safety precautions in the centre. Since the last inspection a night time evacuation had been completed, reflecting the resources available to support residents to evacuate the centre. In addition, fire drills had been completed on a quarterly basis and all drills were completely in a timely manner. Suitable fire safety equipment was provided including a fire alarm, fire extinguishers and emergency lighting and records reviewed confirmed this equipment was regularly serviced. Personal emergency evacuation plans were developed for residents outlining the support residents required to evacuate the centre. Daily, weekly and monthly checks of fire safety precautions were also completed in the centre.

There were no current safeguarding concerns in the centre and where required, safeguarding plans were in place to mitigate risks of potential safeguarding concerns. HIQA had previously been notified of a safeguarding concern and the inspector found the person in charge had initiated an investigation in relation to this incident. The investigation was ongoing at the time of the inspection, and safeguarding measures were in place in response to this concern. Intimate care plans were developed for residents, outlining the care and support to be provided in order to maximise residents' independence while respecting their privacy, dignity and personal preferences. Staff had up-to-date training in safeguarding.

Regulation 26: Risk management procedures

Appropriate systems were in place in the centre to report, record, investigate and learn from adverse incidents. Risk management procedures clearly identified individual and site specific risks in the centre, and control measures outlined in plans were implemented in practice. Residents had been supported to develop goals in line with their wishes and in order to promote skill development, learning of new concepts and develop independence.

Judgment: Compliant

Regulation 27: Protection against infection

The centre had appropriate infection prevention and control precautions in place,

and procedures had been adopted in line with public health guidance.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety management systems were in place. A night time evacuation had been completed since the last inspection. Quarterly fire drills had been completed in a timely manner and fire safety checks were completed on a daily, weekly and monthly basis. Suitable fire safety equipment was provided. Personal emergency evacuation plans were developed for residents outlining the support residents required to evacuate the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed, which identified health, social and personal needs. Assessment of needs were subject to annual review and incorporated assessment by multidisciplinary team members. Personal plans were developed outlining the support residents required to meet their needs, and plans were implemented in practice.

Residents had been supported to develop goals in line with their wishes and in order to promote skill development, learning of new concepts and develop independence. Goals were reviewed regularly in order to assess the effectiveness of plans and to develop new objectives once goals were achieved.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was provided to residents and residents had access to a range of healthcare professionals in line with their assessed needs. Regular reviews were completed with healthcare professionals as the need arose.

Judgment: Compliant

Regulation 8: Protection

Appropriate measures were in place to ensure residents were safeguarded in the centre. The person in charge had initiated an investigation following a report of a previous safeguarding concern and the investigation was ongoing at the time of inspection. Intimate care plans were developed for residents, outlining the care and support to be provided in order to maximise residents' independence while respecting their privacy, dignity and personal preferences. Staff had up-to-date training in safeguarding.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Killowen House OSV-0005671

Inspection ID: MON-0029882

Date of inspection: 22/07/2020

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>On commencement in the DC, the training records for all new staff to the area will be reviewed to ensure that there is evidence that all training has been completed.</p> <p>Copy of the curriculum for Nurse Training Course in DKIT which demonstrates that training in Dysphagia is mandatory for students in their second semester was forwarded to inspector on 18.8.20.</p> <p>Both staff have completed Managing Feeding, Eating, Drinking and Swallowing in People with and Intellectual Disability and IDDSI (Introduction to International Dysphagia Diet Standardisation Initiative) on the 9 August 20.</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	09/08/2020