Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Killeen Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	27 November 2019
Centre ID:	OSV-0003380
Fieldwork ID:	MON-0024337

About the designated centre

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

This centre provides care and supports six adults and is 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 in line with their wishes and preferences. The premises includes seven bedrooms some of which are ensuite, a staff office come sleepover room, 3 bathrooms, a kitchen, a games room, sunroom and sitting room. The staff team consists of social care workers and healthcare assistants. They are supported by the person in charge who is full time in their role and there are also assigned team leaders in place to assist the person in charge in the day to day running of the centre. Staff rosters are arranged in line with the assessed needs of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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
27 November 2019	09:50hrs to 17:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector of social services had the opportunity to meet and briefly speak with the six residents living in the centre during the inspection. The residents who spoke with the inspector described their likes, dislikes and the things they had to look forward to such as activities, holidays and upcoming events. One resident told the inspector about their plans for the day which included going to a practice for the Christmas show in their local community. They sat with the inspector and sang one of the songs they were going to sing at this show. Another resident talked about going to work and about their plans for Christmas.

Throughout the inspection, the inspector observed residents being supported to make decisions in relation to how they spent their day and in relation to what levels of support they required. Staff were observed providing direct support to residents only when they indicated or requested that they required their support. The inspector observed warm and caring interactions between residents and staff throughout the day. The inspector observed sing songs in the conservatory, long chats at the kitchen table and residents relaxing in their home after day services, work or activities in the local community.

Residents' views and the views of their representatives, in relation to the care and support in the centre were gathered through the use of questionnaires, as part of the latest annual review in the centre. Residents and their representatives were very complimentary towards residents' bedrooms, access to activities and opportunities for work, staff support and visiting arrangements in the centre. The feedback included a small number of areas where residents wished to make improvements in their home such as, more flowers in the garden and certain meals more often. A number of residents stated in their questionnaires that they knew who to go to if they had any concerns or complaints in relation to aspects of their care and support in the centre.

Capacity and capability

There were effective management systems in place to ensure that the provider was monitoring the quality and safety of care and support for residents in the centre. This inspection was facilitated by the person in charge and director of operations (DOO) and they outlined the systems in place to ensure residents were in receipt of a good quality and safe service. These included the systems to recruit, train and support staff to ensure they were carrying out their roles and responsibilities to best of their abilities whilst ensuring they were supporting residents in line with their assessed needs and wishes and preferences.

There systems included; weekly reports, weekly meetings, monthly assurance reports, audits, the six monthly visits by the provider and the annual review of care and support in the centre. The provider was self-identifying areas for improvements and then completing the required actions to bring about positive changes for residents in relation to their home and the quality and safety of care and support. For example, they had recently introduced an on the floor management sheet for staff which was being used to support staff to identify their levels of knowledge and skills in relation to key documents, systems and practices in the centre.

The weekly reports sent by the person in charge to the DOO were reviewing, incidents, accidents, complaints, medication errors, staff turnover, restrictive practices, audits and notifications. There were reviewed by the DOO and then by the executive management team. The minutes of these meetings included a review of trends and learning from incidents. These minutes are then shared with persons in charge. In addition, the DOO and persons in charge from a number of centres have protected time monthly to discuss some standing agenda items and to share learning garnered from audits and reviews.

Monthly assurance reports are completed by the person in charge and sent to the DOO. This report reviews; health and safety and risk management, residents' social care needs, the skill mix of staff within the centre, compliance and audits, safeguarding and protection, staff training, accidents, residents' meetings, action plans, team meetings, operational efficiency and the centre's statement of purpose.

The staff team were supported to carry out their roles and responsibilities by a person in charge. There were two deputy team leaders to monitor the delivery of good quality and safe care and support for residents and to support the staff team in the absence of the person in charge. In addition, a shift leader was identified at handover in the event that the person in charge or deputy team leaders were not on duty. There was also an on call system available to staff should they require guidance or support, or in the event of staff unplanned leave.

Staff meetings are scheduled monthly, staff are rostered to ensure as many staff as possible can attend. At these meetings the team discuss resident's care plans and have and opportunity to raise concerns in relation to residents' care and support. The agenda items include; residents current care and support needs, accidents, incidents, medication errors, safeguarding, risk management, residents' positive behaviour support needs and plans, complaints, multidisciplinary team input, audits, staff annual leave and restrictive practices. There is a section on the minutes to facilitate discussions in relation to recommendations and learning from the review of events and incidents in the centre.

Staff had access to training and refreshers in line with the organisation's policies and procedures. In addition, they had completed a number of additional trainings in line with residents' assessed and changing needs. They were in receipt of regular formal supervision. Performance appraisals also take place in line with the organisation's policy. These appraisals and supervisions are used to identify areas where staff are competent and areas where they may require additional support and training.

There was a statement of purpose available in the centre. It contained the information required by the regulations and had been reviewed in line with the timeframe identified in the regulations.

Regulation 15: Staffing

Residents were supported by a staff team who had the skills, qualification and experience to meet their care and support needs. Staff were found to be knowledgeable in relation to residents' care and support needs and residents were observed to be supported to receive assistance, in a caring and respectful manner.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed training and refreshers in line with the organisation's policies and procedures and in line with residents' assessed needs. They were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure and staff had clearly defined roles and responsibilities within the centre. The management systems were closely monitoring the quality of care and support for residents. Any required actions to improve the quality and safety of care and support were documented and clearly identified the person(s) responsible to complete the required actions, and the timeframe for completion of these actions.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available in the centre and contained the information required by the regulation. It had also been reviewed and updated as required in

line with the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained and a notification was provided to the Chief Inspector as required by the regulations and in line with the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were monitoring the quality of care and support for residents in the centre. Residents were being supported to make choices in relation to their day-to-day lives and to take part in work and activities in line with their wishes and preferences. There were a number of areas for improvement identified by the provider in their audits and they had plans in place to further improve the quality and safety of care and support in the centre. In response to an increase in incidents leading to some safeguarding concerns in the centre, the provider had placed additional control measures in place to reduce the risk of such incidents occurring. They were in the process of reviewing residents' comprehensive assessments of needs and completing impact assessments to ensure they were in receipt of a good quality and safe service which was best meeting their assessed needs.

The premises was found to be warm, clean and comfortable. In addition, a number of improvements had been made to the premises since the last inspection to improve the comfort of the centre for residents. These included, the replacement of windows in the conservatory, the addition of an additional outside shed for residents' use and the replacement of floor coverings in a number of areas both upstairs and downstairs. In line with the findings of the providers own audits, there were a number of areas in the centre which required maintenance, repair, and redecoration. In addition some old furniture and equipment required removal. A representative from the maintenance department came to centre on the day of the inspection to remove an unused storage heater and completed a walk around the premises to review other works which were on the maintenance list for the centre. Painting was planned in the centre in the coming weeks and the person in charge showed the inspector evidence that other areas identified during the inspection had been reported and recorded on the maintenance system. This included a planned assessment of a number of windows in the centre to see if they required painting,

repair, or replacement.

Residents had an assessment of need and personal plan in place. They had access to keyworkers to support them to further develop their personal plans and develop and achieve their goals. Support plans were developed as required and there was evidence of regular review and update of residents' assessments, personal and support plans in line with their changing needs. Regular audits were being completed and these audits were picking up on areas for improvement. Following these audits keyworkers were responsible for making the required changes to ensure personal plans and associated support plans were reflective of residents' current care and support needs.

Residents had access to allied health professionals such as a behaviour specialists in line with their assessed needs. Plans were in place to support them and to guide staff to support them in line with their assessed needs. Staff in the centre had recognised that in line with residents' changing needs and an increase in incidents in the centre, that additional control measures were required to support residents. Staff had access to training and refreshers to support residents and staff who spoke with the inspector were knowledgeable in relation to residents' support plans. There were a number of restrictive practices in the centre and there was evidence that they were reviewed regularly to ensure the least restrictive measures were used for the shortest duration. There was a restrictive practice register in place which was reviewed as necessary, but at least 3 monthly. From these reviews, it was evident that a number of restrictive practices had been removed and others reduced.

Residents were protected by the policies, procedures and practices relating to safeguarding in the centre. Allegations and suspicions of abuse were being reported and followed up on in line with the organisation's and national policy. In response to an increase of safeguarding concerns in the centre, the provider had complete impact assessments for residents and was in the process of reviewing a number of residents' comprehensive assessments of need to ensure they were best supporting residents to meet their care and support needs in the centre. In addition, in response to this increase in safeguarding concerns, a safeguarding review had been completed with the relevant members of the members of the multidisciplinary team. The provider had put some additional measures in place to keep residents safe including additional staffing hours to support residents at key parts of the day. In addition, they had sourced an additional vehicle to support residents to access activities and their local community. An area specific safeguarding plan was developed, regularly reviewed and discussed at handover and team meetings. Residents had intimate care plans in place which clearly guided staff in relation to their wishes, preferences and care and support needs.

Throughout the inspection, residents were observed being treated with dignity and respect and to be supported in line with their wishes and preferences. The inspector observed warm and caring interactions between residents and staff. Residents were observed being consulted with and supported to make choices in relation to what they wanted to do and how they wanted to spend their time. If residents decided they did not want to take part in planned activities and appointments, this was respected and alternatives were offered for their consideration. Residents meetings

were occurring regularly and from reviewing a sample of these, there was evidence that residents were consulted with and participating in the day-to-day running of the centre. There was information on display in relation to the availability of advocacy services for residents. In addition, the inspector viewed records relating to one resident being supported by an advocate in relation to their finances.

Overall, residents were being supported to communicate in line with their wishes, preferences and assessed needs. There was information available for residents throughout the centre which was in a format which suited their communication preferences. This information included; pictures of what staff were on duty, meal options, the complaints process, the annual review of care and support in the centre, information on rights and advocacy, the safeguarding statement, activities and upcoming events in the local community, household chores, and residents' meeting minutes. Residents had an all about me document which outlined how to get to know them and how they communicated. Through speaking with staff and observing a number of interactions between this resident and staff, it was evident that they were familiar with this residents' communication needs and preferences. However, from reviewing this residents' all about me document, it was not reflective of these needs and preferences and not effectively guiding staff to support them.

Residents were assisted to exercise their right to experience relationships including friendships and community links. They were being actively supported and encouraged to link with family and friends and to feel included in their local community. There was a focus in the centre on residents' social valued role and every effort was being made to ensure each resident was participating in and included in their community. Through discussions with residents and staff and a review of documentation, it was evident that residents had a role in their home, their day service or their workplace. They had opportunities to try new activities in line with their wishes and interests and were being supported to actively seek employment or to volunteer in their local community.

There were suitable arrangements in place to detect, contain and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Each resident had a personal emergency evacuation procedure in place and there was evidence that these were reviewed regularly and changes made in line with learning from fire drills.

Residents were protected by the policies, procedures and practices in the centre in relation to ordering, receipt, prescribing, storing and administration of medicines. Audits including stock control audits were being completed regularly. There was evidence that medication related errors or omissions were reviewed and that learning following these reviews was shared with the team.

Regulation 10: Communication

Overall, residents were being supported to communicate in line with their assessed

needs and wishes and preferences. Staff were found to be knowledgeable in relation to residents needs and preferences. However, residents' documentation required review to ensure it was reflective of their current and changing needs.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents had access to, and opportunities to take part in activities in accordance with their interests both at home and in their local community. They were supported to attend day services, work or to volunteer in their local community.

Judgment: Compliant

Regulation 17: Premises

The premises was warm and clean and residents' rooms were decorated and maintained in line with their wishes and preferences. The provider was aware of a number of areas which required maintenance, repair, or redecoration and they had plans in place to complete these required works.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There were adequate means of escape and a procedure in place for the safe evacuation of the centre in the event of a fire. Staff had completed training and were knowledgeable in relation to what to do in the event of a fire. Each resident had a personal emergency evacuation plan in place which was reviewed an updated following learning from fire drills in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by the policies, procedures and practices in place relating to the ordering, receipt, prescribing, storage, administration and disposal of

medicines in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had a comprehensive assessment of need in place which was reviewed and updated in line with residents' changing needs. They had a personal plan and a keyworker(s) to support them to develop and achieve their goals. Audits were completed regularly and then actions completed to ensure personal plans and assessments were reflective of residents' current care and support needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to a behaviour therapist in line with their assessed needs. Support plans were developed as required and were found to clearly guide staff to support residents. These plans were reviewed regularly and changes made as required. Restrictive practices were documented and reviewed regularly to ensure the least restrictive measures were being used for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were being kept safe. In response to a number of incidents leading to safeguarding concerns in the centre, the provider had put additional measures in place to keep residents safe including an area specific safeguarding plan, safety plans, additional staffing support at key times of the day and an additional vehicle to support residents to access their local community. Staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding and all safeguarding concerns were reported and escalated in line with the organisation's and national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with and participating in the running of the centre. They had access to information on how to access advocacy services if the so wished and the inspector viewed evidence that one resident had been supported to access advocacy services in the past. Residents were being supported and encouraged to make decisions in relation to their day-to-day lives and encouraged to maintain and further develop their independence.
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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Killeen Lodge OSV-0003380

Inspection ID: MON-0024337

Date of inspection: 27/11/2019

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: 1. The PIC will review all of the resident's Communication Passports [all about me document] and ensure documentation is updated in line with the current changing needs of the residents. Outlining any recommendations made by fellow professional bodies involved in residents care. 2. The new Communication Passports [all about me document] will be discussed with the staff team to ensure they are aware of any changes made to same. All changes made will be discussed in January 2020 team meeting to ensure it is communicated effectively for guiding staff to support the residents.	

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(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/01/2020