



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:	Unannounced
Date of inspection:	07 April 2025
Centre ID:	OSV-0008557
Fieldwork ID:	MON-0046693

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 and a waking night staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 (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
Monday 7 April 2025	10:30hrs to 16:00hrs	Mary McCann	Lead
Monday 7 April 2025	10:30hrs to 16:00hrs	Alanna Ní Mhíocháin	Support

What residents told us and what inspectors observed

This inspection was a thematic safeguarding inspection which focused on a review the arrangements the provider and person in charge had in place to ensure compliance with specific regulations of the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). In June 2024 a regulatory notice was issued by the Chief Inspector stating the paramount importance of safeguarding which involves a holistic approach that promotes people's human rights and empowers them to exercise choice and control over their lives.

Inspectors found that this centre had strong procedures in place to safeguard residents. The inspectors reviewed the safeguarding procedures which included the staffing roster from the 26 February 2025 to the 20 April 2025, the staff training records from 1 January 2024 to 7 April 2025 and notifications regarding safeguarding that were submitted to the Chief Inspector since the 5 January 2024 to 6 April 2025. From a review of these documents and other relevant documents which are referenced throughout this report and talking with three staff, the person in charge and four residents, inspectors found that this centre protected the safeguarding of residents. This meant that residents enjoyed a good quality of life, could engage in independent activities due to the numbers of staff on duty and there was adequate staff to be available to listen and support residents when residents needed staff assistance.

Inspectors held an opening meeting with the person in charge and the assistant manager and informed them of the inspection plan. Staff confirmed that all residents could communicate freely and had access to phones. Staff contacted the residents by phone to inform them that inspectors were at their home to do an unannounced inspection and to give them an opportunity to speak with the inspectors if they so wished. Inspectors saw that residents could communicate freely with staff on the phone. Four residents chose to speak to inspectors. They spoke to inspectors regarding their views of the centre and the lives they were supported to live. Residents told inspectors they enjoyed life, got to do the things they wanted to do and felt supported by staff. They stated they were very happy living in the centre and that they got on well together.

Residents' rights to autonomy were supported and one resident confirmed that they used public transport independently and completed day activities independently of the centre. They stated they met staff for coffee in the hub in the town and were supported by staff to develop independent skills. The bus stop was at the gate of the centre. Another resident told the inspector they were 'as happy as Larry living in the centre'. Another resident spoken to by the inspectors by phone returned to the house while inspectors were still completing the inspection. They confirmed that they were happy with the conversation they had with the inspectors on the phone. They were offered the opportunity to attend the feedback meeting, but they declined. The fourth resident also confirmed that they were happy living in the

centre and discussed their goal of attending a soccer match in Manchester.

All residents confirmed that if they had any complaints or safeguarding concerns they could speak to any of the staff and felt they would be listened to and 'it would be sorted' All residents were complimentary towards the staff team.

Staff had completed human rights training and displayed a good knowledge of residents' rights and spoke of the importance of supporting residents to have fulfilling lives. Staff explained that residents were very capable and had a strong voice in the running of the centre. There were rotas for household chores and inspectors reviewed these from the 1 April to April 2025. These were important to ensure that residents and staff worked together to make sure there was good working relationships between staff and residents and between residents thereby ensuring positive community living. Killeslin is a residential service which provides full-time residential care to five residents.

This centre opened in August 2023. The centre consists of one large detached house. The entrance hall was spacious with information displayed regarding for example the safeguarding designated officer, details of the confidential recipient, contact details of advocacy services, fire safety information and other local information displayed on a table. A large kitchen and dining room were available to the back of the house with access to a nice well maintained private garden. The kitchen, sitting and dining area was open plan with good space where residents could spend time together or have privacy away from other residents in their bedrooms or in the sitting room. The sitting room was well furnished with modern furniture and personal items of residents displayed including photographs. The furnishings added to the homeliness of the centre. The house was clean and well equipped with all necessary appliances. Each resident had their own bedroom, some of which had en-suite shower rooms. This assisted with protecting residents' privacy and dignity as residents did not have to access communal facilities to access shower/bath facilities. There was good light in the centre and the design and layout of the house was suitable to the needs of residents. A utility room was provided for the storage of cleaning items. Parking and a garden area was available to the front of the house, with a large private garden with goal posts were for a resident that enjoyed football to the rear of the house. A one bed roomed independent apartment was available to one of the residents who had an independent service with specific staff allocated day and night. Staff confirmed that they are weekly residents meetings where menus are chosen by all residents and food is cooked by residents and staff.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

This was an unannounced safeguarding thematic inspection to monitor compliance with specific regulations relating to the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). Inspectors found that this centre had very good safeguarding procedures in place which ensured the well-being and safety of residents.

Staff had received training in rights based care, all staff had been Garda vetted prior to commencement of employment and received training in best practices in safeguarding. The provider had also ensured that there was adequate staff on duty at all-times to ensure could engage in meaningful activities and be supported by staff to exercise choice and rights. A safeguarding overview meeting with the HSE safeguarding team, was held quarterly. The regional manager and the person in charge attended this meeting, with the person in charge describing the meeting as a good governance and oversight structure with regard to safeguarding.

All Safeguarding incidents in the service and risks identified were recorded and plans put in place to mitigate these risks.

Regulation 15: Staffing

The inspectors reviewed the rosters from 24/02/25 to 20/04/25 and found that the provider and person in charge were ensuring that there was sufficient number of staff at all times who had the required experience qualifications and skills to meet the safeguarding needs of all residents.

The person in charge informed the inspectors that staff were rostered based on the assessed support needs of the residents in Killeshin. There were generally three staff on duty for four residents and one resident had a 1:1 staff at all times. On night duty, there was a waking staff and a sleepover staff. The inspectors spoke with two staff, the team leader and the person in charge. Staff described how the staff team get on well together, how the rights of residents were met and how they enjoyed working with the residents.

All staff confirmed that if they had a safeguarding concern they would report this and were confident that this would be investigated and residents would be protected. One staff member who had initially worked as an agency staff member in the service and had subsequently been recruited into a permanent post by the provider described how they were delighted to work with the residents and to build up trusting relationships with them. A key worker system was in place and there was good continuity of staff with three of the staff having worked with residents for considerable periods of time. This allayed resident's anxiety as it gave them security to know that staff knew their likes dislikes and interests and gave residents the security of having meaningful relationships with staff.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed the training records for all staff from the 1 January 2024 to 7 April 2025. These showed that the provider had identified 67 separate training modules for staff. Records indicated that staff training was up to date. Inspectors reviewed a sample of the training certificates for three staff members. All staff had up to date training in safeguarding, fire safety and managing on behaviours of concern. Staff had also completed training in human rights-based care. Other training completed by staff included providing intimate care, relationships and sexuality, assisted decision making, boundary management and fundamentals of advocacy. This meant that staff had the competencies to meet the needs of residents living in this centre which contributed to the well being of residents. The person in charge provided supervision to staff and this included a review of staff's training needs. The person in charge told the inspectors that a service level agreement was in place with the agency which included an agreement regarding mandatory training that agency staff have to complete before commencing working in the centre.

Staff were supervised by the person in charge and in their absence the assistant manager to ensure support was in place to assist them with safeguarding residents and also to assure the management team that residents safeguarding was protected when they were not present in the centre. An on-call out-of-hours roster was in place to provide support and advice to staff.

Judgment: Compliant

Regulation 23: Governance and management

Overall it was apparent that any concerns were appropriately managed and residents were protected.

The inspectors reviewed the processes in place in relation to the safeguarding of residents, and the response to allegations of safeguarding any concerns. These were detailed in the safeguarding plans reviewed by the inspectors. Where an allegation or a safeguarding incident had been witnessed there was good contemporaneous recording of the incident and immediate steps had been taken to ensure the safety of all residents pending the outcome of the investigation. All the appropriate authorities had been informed, and the necessary notifications had been made to office of the chief inspector within the required time frames. Where the offices of the chief inspector had requested further information from the person in charge a detailed response was submitted. All incidents of safeguarding were forwarded to the HSE safeguarding team. This gave an independent review of the incidents by

informed personnel. Where investigations were undertaken inspectors were assured that a detailed investigation had been completed.

Regular staff meetings were held, and safeguarding was a standing item at each of these meetings. Minutes were available of these meetings for staff to read should they be unable to attend. All accident and incidents were recorded and audits were occurring to assess for trends and inform learning to prevent re occurrence. This was a centre that took concerns and incidents seriously, robustly investigated them and any learning was disseminated to all staff and procedures were reviewed. Monthly audits by the person in charge included staff training, staff supervision, risk management, notifications and reviews of restrictive practices. An annual review of the centre 7 February 2024 to the 28 February 2025 had been completed, and this included consultation with residents and families.

Judgment: Compliant

Quality and safety

Overall inspectors found that the provider had ensured that there were strong safeguarding procedures in Killeshin which was paramount to ensuring a good quality of life for residents ensuring they were safe, their rights were upheld and their voices were listened to and acted upon.

Residents were supported to be as independent as possible and make choices regarding what they wanted to do. There were various activities available to residents, both in their home and in the community. There was good use of enabling language in documentation, for example 'I like to go to town on the bus or walking if the weather is good'. One resident had a goal of finding a pen pal and this had been achieved with sending letters and cards being part of the goal, which the resident told inspectors was occurring and the inspectors also saw this from a review of documentation.

Regulation 10: Communication

Communication is fundamental to each residents' enjoyment of life encompassing social relationships, choice and rights. Inspectors found that residents were supported to express their needs and observed interactions between staff and residents on the phone where residents could clearly voice their opinions. Staff were aware of the role of advocacy and contact details of advocacy services were displayed in the centre.

Judgment: Compliant

Regulation 17: Premises

The premises' design and layout meet the assessed needs of the residents. It was of sound construction and in a good state of repair. It was clean comfortable and provided space for residents to have private time or socialise with other residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed three resident files and found that residents at the centre lived active lives both at the centre and in their local communities. They had individual assessments and personal plans. Inspectors saw that personal plans were reviewed annually. A key worker system was in place and there was good evidence of the voice of the resident in planning goals. Where goals were identified these were progressed and there was good evidence that these were achieved. One resident told the inspector that one of his goals this year was to attend a soccer match in the UK.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors reviewed the restrictive practices folder and found that restrictive practices in place at the time of the inspection included a restriction on cash withdrawal by a resident to help them with budgeting and to protect their finances. A razor was available to a resident on request and returned after use as a safety mechanism based on a risk assessment. Restrictive practices were determined through 'my choice documents' and there was evidence of clear engagement of the residents in the decision making. Inspectors reviewed two behaviour support plans. These were comprehensive and took a holistic approach and guided staff in the management of any episodes of responsive behaviour. Staff had undertaken training in management of behaviour of concerns. This meant that staff were aware of the antecedents to each residents responsive behaviour and how to manage the behaviours of concern in a consistent way which had been discussed with residents and approved by specialist personal including the behavior support specialist team and psychological services.

Judgment: Compliant

Regulation 8: Protection

Safeguarding arrangements at the centre were subject to regular review and ensured measures were in place to mitigate risk and protect residents from harm.

Inspectors reviewed the notifications regarding safeguarding that were submitted to the Chief Inspector between the 5 January 2024 and 6 April 2025. From a review of these documents inspectors found that these related mainly to negative interactions between residents. The inspectors reviewed the minutes of staff meetings for February and March 2025 and saw that safeguarding was a standing agenda at all team meetings. Incidents were discussed at these monthly meetings and any learning from these incidents and trends were discussed with staff.

Other aspects of safeguarding in the centre included good fire safety procedures and safe well maintained premises. At the time of this inspection there were no active safeguarding plans in place. The inspectors reviewed three safeguarding plans from 2024 and found that these were comprehensively completed, with plans being detailed on actions to mitigate the risk of re occurrence. There were good templates in place to guide staff with a clear process map. The inspectors reviewed the current safeguarding policy and found that it had been reviewed in the previous three years and was due for review in 2026.

Judgment: Compliant

Regulation 9: Residents' rights

This centre had embedded a human rights based approach in the service provided to residents. There was a culture of enabling residents to live their lives as they wished and to promote independence and choice.

Residents told inspectors that they felt safe and could raise concerns safely if they had reason to do this. Residents also told the inspectors that they got on well with each other and were complimentary of the support they received from staff. Residents were supported to participate in decisions about their care and support and to have their voice listened to. 'My choice' documents were used with residents as required to assist them with decision-making. Residents meetings were taking place regularly, where residents could discuss the running of the centre and activities and menus of their choice. There were adequate staff to ensure residents could do individual activities and a vehicle was available to the centre at weekends and in the evenings.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant