



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

Issued by the Chief Inspector

Name of designated centre:	Killylastin
Name of provider:	Praxis Care
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	10 September 2025
Centre ID:	OSV-0008626
Fieldwork ID:	MON-0047574

About the designated centre

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

Killylastin is a large two storey house located on the outskirts of a busy regional town. It can provide residential accommodation to 4 adults with intellectual disability. Care and support is provided by a team of social care workers. Both a waking night and a sleepover arrangement is in place at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 10 September 2025	12:00hrs to 18:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This was an unannounced risk inspection. It was completed in order to monitor compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and in response to an upward trend in solicited information received by the Chief Inspector of Social Services. It was completed over one day and during this time the inspector met with all three residents living at the centre.

Overall, the inspector found that the provider had the capacity to provide a good quality and safe service. All three residents were new to the centre and they required more time to get used living together. The provider took was proactively monitoring compatibility and had a two step plan to manage risks if required.

The inspector found some interpersonal compatibility issues at this centre which were linked to the fact that all residents were new to the service and were getting used to living with each other and living in a new environment. The provider was aware of the matters arising and had taken appropriate action to ensure that they were well managed in line with local and national policy at the time of inspection. This will be expanded on under the relevant regulations in this report.

The inspector met with residents as they returned from their day service. Most had a routine that they completed when they came home. This included having a drink or snack and relaxing in their bedrooms or sitting room. The inspector visited a residents bedroom where they were enjoying a ball pool which was on the floor of their room. In addition, they had a television which was playing music that staff said they liked. They seemed to very much enjoy this time. Later, the inspector sat with them at the table where they were having a meal. They were supported kindly by the staff member who appeared to know them well. The resident did not speak with the inspector but smiled from time to time. A second resident was observed lying on their bed where they appeared relaxed. They did not wish to speak with the inspector and this was respected. They were noted moving freely around the house as they wished. Later, they were observed preparing to go out for an planned activity that they were reported to enjoy. They travelled there with the support of a staff member on the transport provided. The third resident moved into the centre in June 2025. They invited the inspector to see their bedroom which was spacious and with en-suite facilities and a separate walk-in area to store their clothes and personal items. The resident appeared proud of their room

In addition, the inspector met with a social care manager, two social care workers and an additional member of the leadership team who told the inspector that they worked as the clinical nurse lead. All staff spoken with told the inspector that matters at the centre had improved over the recent times. The spoke about the importance of consistent experienced staff in order to support the residents and about the positive impact that recent medical and dental work had on the a resident's wellbeing. While a resident was observed vocalising loudly later in the

evening, they appeared content, it did not appear to impact on others and the atmosphere in the house was calm.

A walk around of premises found that it was a large house with space for residents to spend time together or apart depending on their wishes. It was spacious and light filled and equipped with the resources required in line with the statement of purpose and the residents' assessed needs.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service delivered.

Capacity and capability

This service was well governed and lines of accountability were clearly defined. The person in charge was not at the centre on the day of inspection. The team leader facilitated the inspection with competence. This meant that if the manager was absent, others stepped in and consistent oversight and support was provided.

While there were challenges relating to compatibility, the provider had a plan to address this and consistency of care, support and safety was maintained in the interim.

The provider had maintained good governance arrangements through routine audits and unannounced visits. Findings from audits were recorded on a quality improvement plan. Actions to address issues found were documented and completed within a specific time frame. This ensured that they were addressed promptly and the service was continually improved.

Further findings relating to the regulations under this section of the report are provided below.

Regulation 23: Governance and management

The inspector found that the provider had good governance systems and processes which assisted the person in charge and the staff team to make good decisions about the care and support provided to the residents living at Killylastin. While there were matters relating to the compatibility of residents arising from time to time, the inspector found that these were well managed by the staff and management and leadership team. Residents were supported to understand the support needs of others and if they expressed concern, this was listened to.

The provider had convened a multidisciplinary group who were meeting on a

monthly basis. The membership included the person in charge, and the person participating in management, along with representatives from the health service executive (HSE) disability and safeguarding and protection teams. Their function was to review compatibility matters arising, assess safeguarding risks and make plans in order to mitigate against recurrence. For example, one resident had a dental review and successful treatment which staff said had a positive impact on their wellbeing. They were sleeping better and appeared more content.

In addition, the inspector found that the provider had a two-pronged plan with both actions being addressed simultaneously. This meant that if one action was not successful, that there was an alternative measure in place. Plans included a review of the footprint of the centre and the layout of the residents' bedrooms. The reason for this was to ensure that all resident had a quiet sleeping space away from each other if required. In addition, the provider had plans to create an alternative single occupancy living space close to the designated centre, if required in the future.

A review of the overall monitoring of the centre found that the provider had a good audit systems in place which included a monthly monitoring visit. In addition, the six monthly provider-led audit was completed on 19 March 2025 and the annual review of care and support was completed on 20 August 2025. The inspector met with the clinical nurse lead who was present at the centre on the day of inspection. They said that they were completing a review of medicine administration systems and of residents' care plans. All audit actions identified were documented and signed and dated once complete.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector completed a review of incidents arising at the centre between the period 2 July 2025 and 13 August 2025. This review found that matters were reported to the Chief Inspector in line with the requirements of this regulation.

Judgment: Compliant

Quality and safety

The inspector found that this centre provided a good quality service in a suitable premises. The residents' needs were assessed and appropriate supports put in place to meet those needs.

The registered provider ensured that a person-centred service was provided in this centre. The residents' health, social and personal needs had been identified and

assessed and supported. Staff were provided with clear streamlined information in order to support residents.

Staff were aware of the systems in place to ensure residents' safety. This included safeguarding procedures and the control measures to protect residents from risk. Risks to residents and the service as a whole had been identified and control measures put in place to reduce those risks.

Further findings relating to the regulations under this section of the report are provided below.

Regulation 13: General welfare and development

The inspector found an improvement in compliance with this regulation since the previous inspection in November 2024. At that time, one resident did not have access to a day service which they wished to attend.

On this inspection, all residents attended facilities for occupation and recreation, both during the daytime and in the evenings if they wished. For example, all residents attended a planned day service. In addition, a review of the minutes of resident meeting on 7 September 2025 found that activities were discussed. These included swimming, attending religious ceremonies, bowling, using the outdoor gym, forest walks and football. One resident was observed leaving the house in the evening to attend his local football club.

In addition, as outlined, one resident had moved in recently. During the transition period, their attendance at their day service was continued in line with the resident's wishes. The provider acknowledged that the resident had some distance to travel and they were supporting the resident to consider their options in line with individual ability and preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had clear and consistent practices for risk management at the centre. Where risk mitigation actions required strengthening, additional actions were put in place. These included the convening of a multidisciplinary oversight committee and a two pronged action plan as outlined under regulation 23 in this report.

The inspector reviewed the risk register for the centre (26 August 2025) which included risks linked to behaviour management, fire safety and falls risks. In addition, a review of two of three individual risk assessment management plans found that they were subject to regular review and effectively documented the risks

arising at the centre and the associated control measures in place. There was a correspondence between the residents' positive behaviour support strategies and risk management control measures which indicated consistency of approach. In addition, where restrictive practices were used to support residents, these were documented as control measures on risk assessments.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the provider took a holistic and person-centred approach to supporting people with behaviours of concern. Residents had the support of a positive behaviour support specialist and if required, they had a positive behaviour support plan. Where suitable resident's representatives were involved this process.

For example, one resident had a plan with was reviewed in April 2025. This focused on behaviours as a means of communication for the resident and proactive recommendations to guide staff were provided. However, in addition, this resident had a dental review and significant dental work completed in August 2025. From a review of incidents arising and from conversations held with staff, it was clear that the resident was feeling better, sleeping better and there was a marked reduction in behaviours of concern.

Another resident had a plan with was intertwined with the compatibility risks arising at the centre. It recommended that the resident be supported to understand what was due to happen next and that this would help them to build trust with staff and embed a routine to their daily life. The inspector saw that the resident had a picture based timetable on their bedroom wall which documented their daily. A review of the daily notes found that his was used by staff who wrote that the plan for the following day was review with the resident before they went to bed. This meant that recommendations made were actioned and followed by the staff team.

In addition, the service had adapted routines to minimise triggers and reduce the likelihood of incidents. Separate mealtimes were introduced and on arrival into the house, one residents had a particular access route to reduce their exposure to busy parts of the house and reduce anxiety. Residents were reported to benefit from this approach and the environment as a whole was reported as calmer.

Overall, consistency of support was provided by a staff team who had good access to professional support. A training day was planned for 8 October 2025 in order to meet with staff, review the plans in place and discuss additional measures that may be required. Where restrictive practices were used these were for therapeutic safety reasons. Travel safety belts and alert mats for residents with epilepsy were used. These had the oversight of an occupational therapist and were used for the shortest duration possible.

Judgment: Compliant

Regulation 8: Protection

A review of safeguarding and protection arrangements in the centre found that the provider was aware of the compatibility matters arising and if they impacted on safeguarding of residents, that this was taken seriously.

As outlined under regulation 23, the provider had a multi-disciplinary team who had oversight of safeguarding matters. The inspector reviewed the minutes of the most recent meeting which was held on 19 August 2025. This documented the actions that the provider had commenced or planned in order to ensure that residents were happy in their home and safe from risks. These included changes in the use of some rooms in the house in order to promote quiet enjoyment of their home and plans to reconfigure some additional space available as an alternative living space if required.

A review of a three allegations or suspicions of abuse found that incidents were reported promptly, screened by the designated officer and interim safeguarding plans submitted to the safeguarding and protection office. Staff spoken with were aware of what to do to report a concern and regular safeguarding awareness checks were completed by the provider during their monthly audits of the centre. In addition, the safeguarding policy was reviewed on 24 February 2025 and all staff had access to safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the provider and the staff team promoted a human-rights approach at Killylastin, where residents were supported to participate in the running of their house and to make decisions about their care.

The provider had a plan to ensure that residents' right to the peaceful enjoyment of their home was respected. This included actions outlined under Regulation 8 previously in this report. In addition, if residents were impacted by living with others, they were supported to understand why this might happen through the use of social stories. For example; why someone might present as upset if they have pain.

In addition, the inspector found that the voice of residents was listened to and acknowledged. For example, one resident wished to attend their day service despite the fact that they had moved away and it was a longer bus journey. The resident was facilitated to attend, however, they were supported to consider the other options available to them. At the time of inspection, the provider had a four week

monitoring period in place and three step plan to support the resident to make an informed choice about what they might wish to do. The resident was involved in this process.

Overall, while there were matters arising at the centre from time to time, these had decreased in intensity and frequency and the inspector found that the residents required more time to adapt to living together.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant