



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:	Announced
Date of inspection:	06 February 2024
Centre ID:	OSV-0003380
Fieldwork ID:	MON-0033462

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 five adults and is situated in a rural setting in County Kildare. The centre aims to support residents with an intellectual disability and those with a dual diagnosis. 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 two team leaders 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:	5
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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 (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
Tuesday 6 February 2024	09:30hrs to 16:50hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection which took place to inform a decision about the renewal of registration of the designated centre. Residents were being supported to enjoy a good quality of life. From what residents told them and what the inspector of social services observed, it was clear that residents were supported by a staff team who they were familiar with and were supported to pursue activities of their choice in their local community.

The centre is a large two-storey seven-bedroomed house in a rural setting close to a small town in County Kildare. The house comprises seven bedrooms some of which are ensuite, a kitchen and dining area, a sun room, a staff office, 3 bathrooms, and a games room. There is a utility room and a shed for cleaning equipment at the back of the property. There was a garden to the front and back of the property and one resident spoke about the bulbs that were just starting to grow, the birds that visited their garden and the flowers and shrubs that would bloom later in the year. Since the last inspection, the provider had done some works on the property which included painting, replacing some furniture and adding art work and soft furnishings. These had resulted in a more homely atmosphere.

There were five residents living in the centre at the time of the inspection and the inspector had an opportunity to meet each of them during the inspection. The inspector briefly met and engaged with some residents and spent a little more time with others. They observed residents as they went about their daily routines and sat and chatted with them a number of different times during the inspection.

Each resident had completed, or were supported to complete questionnaires sent to them in advance of the inspection titled "Tell us what it is like to live in your home". There were positive responses in the questionnaires on questions relating to, your home, what you do every day, staff who support you, the people you live with, and having your say. "its nice to live here", ""its nice and clean", "I am happy living here", "the food is lovely", "I am happy with the people I live with", "I am happy with staff", "I have lots of friends in the house", and "I am happy living in Kileen Lodge and all the support I receive".

There were three vehicles to support residents to attend day services, activities of their choice. Each resident had an opportunity to leave the house with staff during the day of the inspection. Two residents went to appointments, one resident went shopping, and two residents went to a local hotel to see the animals there and went out for for drinks and snacks.

A number of times during the inspection, the inspector observed residents spending time with staff in the kitchen come dining room. They were chatting, laughing, planning their day, looking at items online they would like to buy, and playing board games. Residents spoke with the inspector about their hobbies and interests. They spoke about day services, spending time with their family and friends, how they

liked to take part in the upkeep of their home, going to concerts, shopping, arts and crafts, singing group, staying in hotels, and going to matches. There were board games, televisions, and arts and crafts supplies available in the house. There was a large games room upstairs which contained a pool table.

One resident spoke about what they would do if they had any worries or concerns. They said they would feel comfortable talking to any member of the staff team. In residents' customer satisfaction surveys for 2023 they indicated they were happy living in the centre and with the care and support they received. They indicated they were aware of the complaints procedure and one resident indicated they were happy with how their complaint was dealt with. They were happy it was dealt with in a timely manner and that they got a "positive result that made be happy".

Residents were complimentary towards the staff team. Throughout the inspection, warm, kind and caring interactions were observed between residents and staff. Resident meetings were being held and residents were meeting with their keyworkers regularly. There was information available in the house in an easy-to-read format on areas such as, safeguarding, advocacy, human rights, infection prevention and control (IPC), and complaints. Residents were registered to vote and planned to vote in the upcoming referendums.

In summary, from what residents told them, what the inspector observed and from reviewing documentation, it was evident that residents in the centre were well-supported, staying in regular contact with their family and friends and pursuing meaningful activities in their local community. They were supported by a staff team who they were familiar with and the provider was aware of the areas where improvements were required and taking the required steps to address these.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall the findings of the inspection were that this was a well-managed and well-run centre. Residents reported that were happy living in the centre, and felt safe. They were supported by a staff team who were familiar with their care and support needs. The provider and local management team were identifying areas for improvement and taking the required actions to bring about these improvements.

This inspection was announced and completed to inform the registration renewal of the centre. The newly appointed person in charge facilitated the inspection. The previous person in charge was also present in the centre during the inspection and the director of operations attended for feedback at the end of the inspection.

There were effective systems in place for the day-to-day management of the centre.

Regular audits were being completed and the actions from these were tracked and leading to improvements in relation to residents' care and support and their home. The provider's systems to monitor the quality of care and support for residents included six-monthly reviews and an annual review. These reviews were capturing areas for improvements in line with the findings of this inspection and the majority of actions from these reviews were being completed in a timely fashion.

The staff team were working with each resident to develop and maintain their independence. They were also supporting them to identify and record their likes, dislikes and preferences, and to set goals for things they would like to experience. Kind, caring and respectful interactions were observed between residents and staff throughout the inspection. From a sample of rosters reviewed, all the required shifts were covered and the rosters were well maintained. Planned and unplanned leave was covered by a number of relief staff.

Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. They were in receipt of regular formal supervision. Staff meetings were held on a regular basis and there were daily handovers where staff's roles and responsibilities for each shift were clearly outlined.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

A new person in charge had been appointed by the registered provider a number of weeks before the inspection. They had worked as person in charge in other designated centres operated by the provider for a number of years and had the qualifications, skills and experience to fulfill the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff employed in the centre to meet the assessed needs of residents. The inspector observed residents receive assistance and support in a timely and respectful manner during the inspection. Residents were complimentary

towards the staff team in their questionnaires and when speaking with the inspector.

There were planned and actual rosters and they were well maintained. A sample of staff files were found to contain the required information.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and had completed training which had been identified as appropriate to carry out their roles and responsibilities. In addition they had completed a number of additional trainings in line with residents' assessed needs. Managers in the centre had completed training in a human-rights based approach in health and social care. The inspector spoke with one manager who outlined what they had learned about some of the important principles from the training. They spoke about residents' right to make decisions, and the importance of positive risk taking and residents having the opportunity to learn from their mistakes. They also spoke about the importance of choice, and supporting residents to understand their rights, to understand the complaints process and to and access advocacy services should they wish to.

Staff were in receipt of regular formal supervision and on-the-floor supervision and mentoring to ensure they were carrying out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

Regulation 22: Insurance

The centre was insured against accidents or injury to residents and for risks such as loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

The management structure in the centre was clearly defined. There were clearly identified lines of authority and accountability among the team. The provider had completed an annual review and six-monthly unannounced provider visits in line with regulatory requirements. They had recognised that previous annual and six-

monthly reviews were generic in nature and did not fully reflect care and support available for residents or fully capture their views. As a result they were planning to make some changes to the annual and six monthly reviews in 2024.

The provider's systems in trend, analyse and track incidents were being utilised effectively in the centre. The required actions were being taken in a timely manner and learning from incidents was being shared with the staff team.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had admissions policies and procedures in place. Residents had contracts of care which contained the required information. Two contracts did not clearly outline whether residents were paying fees. This was due to a sentence not being deleted from the contracts and this was fixed during the inspection to reflect that residents were not paying fees.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose submitted with the application to renew the registration of the designated centre contained information relating to the previous person in charge. The inspector requested and updated statement of purpose which was submitted as requested.

There was an up-to-date statement of purpose available in the centre and it contained the required information.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of the regulations.

Judgment: Compliant

Quality and safety

From what the inspector observed and was told, and from reviewing documentation, it was evident that residents were in receipt of a good quality and safe service. Residents were being supported by a staff team who they were familiar with and they were engaging in activities of their choice in their home or in their local community.

Residents were actively supported and encouraged to connect with their family and friends and to take part in activities in their local community. They were being supported to be independent and to be aware of their rights. They were also supported to access information on how to keep themselves safe and well. Residents who wished to, were being supported to access day services.

The premises was designed and laid out to meet the number and needs of residents. A number of works had been recently completed in the house which made some areas of the houses more homely. Residents had an assessment of need and personal plan in place. Personal plans were being reviewed and updated regularly. Residents were developing and achieving their goals. They were meeting with their keyworker regularly and discussing areas such as complaints, rights, finances and safeguarding.

Residents were protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required.

Regulation 17: Premises

The premises were warm, clean, nicely decorated and well suited to residents' assessed needs. Areas of residents' homes were highly personalised and they had access to private space and a number of communal areas. They also had access to sufficient storage for their personal items.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents' guide which was available in the

centre and contained the required information to meet regulatory requirements. The version submitted with the application to renew required review to reflect the recent change in person in charge. An updated version was requested and submitted by the provider.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. These were being audited and reviewed on a regular basis to ensure they were factually accurate, reflective of residents needs and adequately guiding staff to support residents in line with their wishes and preferences. These were reviewed and updated as required. Residents were meeting with their keyworkers on a regular basis and developing and achieving a number of goals.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding. Allegations and suspicions of abuse were reported and followed up on in line with the provider's and national policy. There had been a trend of allegations mid 2023 and in response a number of assessments had been completed and additional controls implemented which had proved effective in reducing the presenting risks. Safeguarding plans were developed as required. Staff had completed training and those who spoke with inspectors were aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

A sample of residents' intimate and personal care plans were reviewed and found to be suitably detailed to guide staff practice to support residents in line with their assessed needs, wishes and preferences while ensuring their privacy and dignity was maintained.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant