

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

## Issued by the Chief Inspector

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|----------------------------|---------------------------------|
| Name of designated centre: | Killeen Lodge                   |
| Name of provider:          | Nua Healthcare Services Limited |
| Address of centre:         | Kildare                         |
| Type of inspection:        | Unannounced                     |
| Date of inspection:        | 12 June 2025                    |
| Centre ID:                 | OSV-0003380                     |
| Fieldwork ID:              | MON-0046318                     |

## 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 en-suite, a staff office come sleepover room, three 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.**

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| 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 |
|-----------------------|----------------------|------------|------|
| Thursday 12 June 2025 | 10:30hrs to 16:00hrs | Karen Leen | Lead |

## What residents told us and what inspectors observed

From what residents told us, and what the inspector observed, it was evident that residents living in the centre were leading busy lives, and engaging in activities of their choosing. This inspection had positive findings, with full levels of compliance with regulations inspected.

Killeen Lodge is a large two-storey house in a rural setting outside a town in Co. Kildare which is home to five residents. The ground floor of the house comprises of a kitchen and dining area, sun room, bathroom, staff office, sitting room, utility room and four resident bedrooms (one with an en-suite). The first floor comprises a resident's bedroom with large walk in wardrobe and storage area, a large games room equipped with pool table and comfort chairs, a bathroom and staff sleep over room. The centre was surrounded by a large enclosed garden with seating area for residents and visitors. The centre had access to three vehicles for residents to utilise for attending activities such as shopping, local hub, music groups and meeting friends.

Over the course of the inspection, the inspector had an opportunity to meet and communicate with all of the residents living in the centre, four staff members, the person in charge and the senior director of operations. Over the course of the inspection, the inspector observed that there was a warm, friendly and welcoming atmosphere in the centre. Residents who spoke with the inspector informed them that they liked living in the centre, felt safe and were well supported by the staff team. Residents spoke about the important people in the lives, their hobbies and interests and the supports that were in place to enable them to explore their community. They spoke about making choices and decisions on a daily basis.

On arrival to the centre, residents were preparing for their day. The inspector met with one resident who had finished their breakfast and was getting ready to go to a hub group with peers. The resident showed the inspector their bedroom. The resident told the inspector that they like their home and that the staff and person in charge are very helpful. The resident discussed that they like to go on holidays or meet friends locally. The resident discussed that their independence is very important to them and that staff support them to be as active as possible in their community.

Another resident brought the inspector on a short walk through the centre. The resident discussed that they knew how to make a complaint if they needed to and that they knew who to talk to if they had a concern. The resident spoke to the inspector about complaints they had made to the provider over the last 12 months. The resident discussed that they felt that their complaint had been taken seriously by the provider and that they had been supported by the person in charge and their key worker during this time. The resident discussed with the inspector that they had been planning a holiday for the coming year. The resident told the inspector that they like living in their house and would not like to live anywhere else. They stated

that they get on well with the other individuals they live with but there had been times when they had disagreements. The resident noted that these disagreements were often over minor incidents in the house and were soon forgotten but that staff had supported them during these times. The resident explained that despite these minor incidents and occasions when they may disagree with their peers they were happy living in the house with each individual. The resident noted to the inspector that the house had a number of rooms to choose from if they wanted to spend time away from peers in the house.

During the inspection residents were engaged in a number of activities in their home. They were observed making snacks, meals and drinks, relaxing, watching movies or listening to music, or spending time in the sun room or living room. They were also observed getting ready to attend a local hub. One resident told the inspector that they had recently joined a music group as a result of attending local day service hubs. The resident said that they greatly enjoyed music and creative activities and this was supported by the staff team.

Based on a review of a sample of residents' support plans and activity planners, they were engaging in their local community on a regular basis. For example, they were going to local sports events, musical groups, meeting and spending time with friends and family, and taking part in activities such as nature walks, cinema, community cleaning programmes and gardening.

Some residents attended a local hub day service during the week, one resident liked to make their own plans for the week but were attending the hub on a drop-in basis and had completed courses. For example, the resident was completing a health and well-being literacy course. One resident told the inspector that they enjoyed visiting family and friends and had recently taken a trip to Belfast to spend time with a loved one.

There was information available and on display about areas such as, the provider's annual review, safeguarding, complaints, the confidential recipient and an overview of different activities and social events being carried out both by the provider and by local community groups. Support staff informed the inspector that residents looked forward to different events being held and a number of weekly plans were set from the events calendar.

In summary, it was evident that residents living in this centre were receiving a good quality service which was promoting their rights, and ensuring that they were safeguarded. Residents appeared to be comfortable and content in their home and were taking part in activities they found meaningful at home and in their local community.

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

This inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Adult Safeguarding (2019). It was also completed to follow up on a number of allegations and suspicions of abuse reported to the Chief Inspector of Social Services from May 2024 to May 2025.

The inspector found that staff had access to training and refresher training in line with the organisation's policy, including safeguarding training. Information was shared with the staff team at handovers and staff meetings to ensure that all staff were kept informed of residents' current care and support needs, their wishes and goals, and any control measures in place to keep them safe.

The provider had effective governance and management arrangements in place to assure itself that a safe service was being provided to residents. There were clear lines of responsibility and accountability. Safeguarding and incidents were regular topics discussed at staff meetings and in the provider's annual review and six-monthly reviews.

## Regulation 15: Staffing

The person in charge maintained planned and actual rotas that showed staff on duty during the day and night in the centre. The inspector reviewed planned and actual rosters for the centre from March, April and May 2025. Across three dates explored, the inspector saw that the staffing levels were maintained in line with the statement of purpose. The inspector also saw that there were sufficient staff on duty on the day to meet the needs of the residents.

There were two vacancies in the centre at the time of the inspection. Gaps in the roster arising from these vacancies were filled by regular staff in the centre or consistent relief staff which was supporting continuity of care for the residents.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs. Residents spoke positively of the support that they received from staff.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development and to support them in delivering effective care and support to residents. Staff completed a suite of training as part of the systems to safeguard residents and promote their rights in the centre. The training included, safeguarding of residents from abuse, positive behaviour support, and management of challenging behaviour.

The person in charge provided effective support and formal supervision to staff. Informal support was provided on an ongoing basis and formal supervision was carried out in line with the provider's policy. In the absence of the person in charge, staff could contact the senior director of operations or on-call system for support and guidance.

The person in charge completed a minimum of one shift a week working alongside front line staff and residents. Residents stated they felt they could talk to the person in charge about concerns they had in the centre or activities they would like to complete through goals and personal plans.

The inspector reviewed a sample of staff meeting minutes from March, April and May 2025, and found standing items each month such as keyworker updates, training, human rights and safeguarding. The inspector found that information gathered from residents' monthly keyworker meetings and residents house meetings were discussed at each team meeting.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in the centre with associated lines of authority and responsibility. The person in charge was full-time, and demonstrated effective oversight and management of the centre. They were supported in their role by a senior director of operations. There were good arrangements such as regular meetings and sharing of governance reports for the management team to communicate and escalate issues.

There were effective arrangements for staff to raise concerns. In addition to the staff supervision and support arrangements, staff also attended regular team meetings which provided an opportunity for them to raise any concerns about the quality and safety of care and support provided to residents.

The provider's systems for oversight and monitoring included six-monthly reviews and an annual review. The inspector reviewed the last six-monthly provider led



unannounced visit to the centre in on the 13 and 14 of May 2025 and found that they were identifying areas of good practice and areas for improvement.

The inspector found that there was a series of regular meetings occurring for the designated centre which included all levels of management, support staff and clinical multidisciplinary input. These meetings were utilised to trend and review safeguarding incidents, behavioural supports, required clinical inputs and residents personal plans.

Judgment: Compliant

## Quality and safety

The inspector found that many of the principles outlined in the National Standards for Adult Safeguarding were promoted in the service to ensure residents were receiving a service which promoted and upheld their rights. Residents were leading busy and active lives, and doing activities of their choosing at times which suited them. While risk was assessed, and control measures were in place to ensure the safety of residents, this did not preclude residents from taking part in a range of activities in their local communities.

Residents had support and risk management plans which had considered their safety and safeguarding. Restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration. Where possible, they were reduced or eliminated. Resident's rights were recognised and promoted and they were supported to engage in shared decision-making about their care and support.

The inspector reviewed a sample of two residents' assessments of need and personal plans and found that these documents positively described their needs, likes, dislikes and preferences. The inspector found that there was clear guidance in place which was found to be person-centred and to promote a proactive approach to care and support

## Regulation 17: Premises

The provider had considered safeguarding in designing and ensuring the premises was laid out to meet the number and needs of residents. Each resident had their own bedroom which had been decorated to their individual style and preference.

The centre was maintained in a good state of repair and was clean and suitably decorated. There was ample communal space for residents to meet family and friends.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider developed and implemented a risk management policy that safeguarded residents. There were systems in place in order to identify, assess and manage risks in the centre. The inspector reviewed centre-specific risk register in addition to individual risk management plans. These outlined control measures which mitigated against risks in the centre. The person in charge was knowledgeable about risks in the centre, and outlined actions which were taken to address these risks.

Safeguarding was recognised as a risk, and there were plans in place which were implemented to ensure each persons' safety in the centre in areas such as reducing negative interactions, and keeping residents and staff safe.

Incidents and accidents were documented and reported, and monitored by the management team. It was evident that follow up actions were taken and learning was shared with the team at handover, and discussed at staff meetings.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Two residents' files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

Support plans included safeguarding, communication needs, social and emotional well being, safety, health and rights.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had ensured that where residents required behaviour support, suitable arrangements were in place to provide them with this. Clear behaviour support plans were in place to guide staff on how best to support these residents, and regular multi-disciplinary input was sought in the review of residents' behavioural support interventions.

The inspector reviewed two behaviour support plans in place for residents. The plans detailed proactive and reactive strategies to support residents in managing their behaviour. At the time of the inspection there was no resident in the centre requiring a multi-element behaviour support plan. Behavioural support plans in place were devised in consultation with the clinical team and reviewed regularly as per the providers policy. Residents had access to a number of psychology supports such as skills groups, health and well being literacy groups or were supported by the clinical team to journal each day.

Judgment: Compliant

## Regulation 8: Protection

The provider had policies and procedures in place to ensure residents living in the centre were safeguarded from abuse. There had been 13 notifications relating to safeguarding which had been submitted to the Chief Inspector of Social Services in the twelve months prior to this inspection taking place. The inspector reviewed corresponding reports which had been submitted to the Health Service Executive (HSE) Safeguarding and Protection Team. The inspector found that, safeguarding concerns were being identified, reported to the relevant authorities and managed with appropriate control measures in place within the centre.

Safeguarding was a standing agenda item for team meetings, was also discussed regularly with residents in addition to complaints, rights and restrictive practices. Clinical service meetings were being held in order to identify and reduce safeguarding concerns in the centre.

The inspector reviewed two personal and intimate care plans. These were detailed and gave staff clear guidance on what level of support residents needed in different care routines, and how to ensure that their privacy and dignity was maintained.

Residents were also kept informed about their right to raise a concern and how to make a complaint to the staff team or the person in charge. The complaints, complements and feedback process was on display around the centre and was seen

to be utilised by residents. As previously discussed, one resident told the inspector how they had utilised the complaints process and gained a satisfactory outcome.

Judgment: Compliant

### Regulation 9: Residents' rights

From review of documentation, discussion with staff members, residents, person in charge and inspector observations, residents were supported to exercise their rights. Residents were provided with relevant information in a manner that was accessible to them and they were given time to make a decision.

Residents were supported to exercise their rights relating to choice and control, communication access, privacy and dignity, freedom of movement and the right to independence in their home. Residents' will and preference were clearly documented on a range of topics such as their care and support, future goals and meaningful relationships. Residents had access to advocacy services, and information was available to them in the centre on how to access this service where they wished to do so.

Residents meetings were held weekly in the centre and residents had monthly meetings with their keyworker. Residents informed the inspector that they would go to staff members outside of these times to discuss concerns or goals they would like to work on.

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  |
|---|-----------|
| <b>Capacity and capability</b>                        |           |
| Regulation 15: Staffing                               | Compliant |
| Regulation 16: Training and staff development         | Compliant |
| Regulation 23: Governance and management              | Compliant |
| <b>Quality and safety</b>                             |           |
| Regulation 17: Premises                               | Compliant |
| Regulation 26: Risk management procedures             | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support            | Compliant |
| Regulation 8: Protection                              | Compliant |
| Regulation 9: Residents' rights                       | Compliant |