



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

Issued by the Chief Inspector

Name of designated centre:	Kildalton
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	01 February 2022
Centre ID:	OSV-0007229
Fieldwork ID:	MON-0027856

About the designated centre

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

Kildalton is a centre run by the Health Service Executive located a few kilometres from a town in Co. Sligo. The centre provides residential care for up to five male and female residents, who are over the age of 18 years and who present with an intellectual disability. The service can also provide care to residents with specific health care and mobility needs. The centre comprises of one bungalow dwelling which provides resident with their own bedroom, some en-suite facilities, bathrooms, shared communal rooms and large accessible garden space. Staff are on duty both day and night to support the residents who live here.

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 1 February 2022	09:30hrs to 15:45hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, it was clear that those living in Kildalton were enjoying a good quality life and were supported to be active participants in the running of the centre and be involved in their communities.

On the morning of inspection, the inspector met with residents while adhering to the public health guidance on mask wearing and social distancing. One resident was sitting in a comfortable chair by a window while completing an activity of their choice. The inspector noticed that the resident was smiling at the staff on duty and using words and phrases to express their needs, which were followed up on promptly. Two residents were sitting together in a second sitting room. One was using an electronic device to look at photographs which they proudly showed the inspector. The second was watching and listening to their favourite music on a television screen. The residents appeared content in each others' company and there was a calm and companionable atmosphere in their home.

This designated centre is located in a rural area within driving distance of a busy village. The house provided was spacious and accessible to the needs of the residents. There was a large light filled entrance hall and a choice of two comfortable reception rooms for residents to sit in. There was a well equipped kitchen and later during the day, a resident was observed making apple crumble with a staff member assisting them. There was also a choice of dining areas. This meant that residents could choose where to sit and who to eat their meals with. The bedrooms provided were homely, comfortable and cheerfully decorated. Where medical equipment was required, this was provided in a discrete manner that did not detract from the environment. Some bedrooms had ensuite bathrooms provided and there was a large shared bathroom which was accessible for residents' assessed needs and was well presented. At the front of the house, there was a large garden and a parking area. Level access was provided around to the rear of the property and ramps were installed where required. At the back of the property, there was an outdoor sitting area and a mature garden which was well maintained. The bins were neat, tidy and suitably stored. There was a garage at the rear of the garden. The person in charge told the inspector that they were refurbishing a room behind the garden. This was part of their quality improvement plan. The residents were picking the wallpaper and paint and when complete this room would be registered as part of the designated centre. It would be used as an art and craft room, a relaxation area and as a place for visitors to spend time with the residents if they choose to do so.

Residents were reported to have good contact with their families and good relationships with their neighbours. Arrangements were made for residents to travel and to meet with their friends and families if possible. Alternatively, video conferencing arrangements were in place. On the day of inspection some residents were observed participating in a group activity with another designated centre on their television screens. The residents appeared content to be in the comfort of their

own sitting room.

From observations in the centre and information viewed during the inspection, it was evident that residents in Kildalton had a good quality of life, where their rights and choices were respected. Furthermore, it was clear that the person in charge and the staff present prioritised the wellbeing, safety, independence and quality of life of residents.

The next two sections of the report outline 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 residents' lives.

Capacity and capability

The inspector found that residents received care and support that was person-centred in nature and facilitated them to enjoy activities of their choice. There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. However, improvements were required in the infection prevention and control measures used which would improve the quality and safety of the service provided.

On the day of inspection, the inspector reviewed the statement of purpose provided by the person in charge. This was up to date and contained the information required under schedule one of the care and support regulations. The person in charge appointed was new to the service. They were employed full-time and had the required qualifications, skills and experience to meet the needs of the residents and the requirements of the statement of purpose mentioned above.

A staff roster was available and the inspector found that this provided an accurate description of the staff on duty on that day. The residents at this centre had high support needs and nursing care was provided. On call arrangements were in place and the relief staff provided were familiar with the residents which ensured that consistency of care was provided. Staff meetings were taking place regularly and communication in the centre was reported to be open and supportive.

Staff had access to training as part of a continuous professional development programme. This included mandatory and refresher training options. A review of the training schedule showed that some training modules were outstanding. The person in charge told the inspector that this was due to staff leave or due to the impact of the COVID-19 pandemic. There was a specific plan in place to address these training needs. The inspector found that, in addition to mandatory modules provided, staff members had signed up to other training courses by choice. They told the inspector that they wished to build upon and improve the support they provided. Examples of

these included, respiratory care modules and manual sign communication systems.

This designated centre was found to be appropriately resourced to ensure the effectively delivery of care and support. There was a defined management structure in place which clear lines of authority identified. A staff member interviewed told the inspector that enjoyed working at Kildalton. They said that this was because there was a "lovely bond" with the residents who were described fondly. They also said that they were very clear about their role, where to find support if necessary and how to raise concerns if required. There was a system of formal supervision in place for all staff and minutes of these meetings were available. There was a schedule of internal audits in place and evidence that these were being completed. The twice per year provider-led audit had taken place and the annual review was up to date.

The inspector reviewed the incident management system used in the centre and found that it was used appropriately to report concerns. Furthermore, monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

Regulation 14: Persons in charge

The person in charge appointed was employed full-time and had the required qualifications, skills and experience to meet the needs of the residents and the requirements of the statement of purpose.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, skill mix and qualifications of staff were appropriate to the number and assessed needs of the residents. The roster viewed was an accurate reflection of the staff on duty on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to training as part of a continuous professional development programme. There was a plan in place to provide modules delayed due to the impact of staff leave and the COVID-19

pandemic.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the designated centre was resourced effectively and had a defined management system in place. The twice per year provider-led audits were complete and the annual review was up to date.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

Judgment: Compliant

Quality and safety

The inspector found that the well being and welfare of the residents was promoted by the good standard of care and support provided. However, improvements in infection prevention and control measures used would further enhance the safety of the service provided.

The residents at this designated centre had a range of healthcare needs. Discussions with the staff along with a documentation review showed that these needs were provided for appropriately and consistently. Each resident had an assessment of need which was found to be person centred, up-to-date and regularly reviewed. There was evidence of access to speech and language therapy, physiotherapy, occupational therapy, dietetics, podiatry and nurse specialists. The inspector found that the keyworker system in place was working well as careful attention was given to ensuring all appointments were planned and facilitated. Furthermore, residents were found to have an easy-to-read plan of their social care needs and these were up to date. Goals included knitting, baking and art work. Residents were going on trips out to meet with their friends and they had longer trips planned; for example nights away.

The rights of the residents were found to be respected and their independence and autonomy was promoted. Resident's meetings were taking place regularly where decisions were made about the menu for the house and the activities for the week. Also, the staff showed the inspector the wall paper that the residents were in the process of choosing for the new art and craft room. This showed that residents were involved in the decisions that were made about their home.

There were systems in place for the identification, assessment and management of risk, including a site specific safety statement and emergency plans in the event of adverse events. Risks that had been identified at service and resident level had been assessed and individual risk assessments were completed if required. Furthermore, there was evidence that risk management was discussed at each staff meeting.

The provider ensured that there were procedures in place for the prevention and control of infection. These included availability of hand sanitisers at entry points, posters on display around the designated centre and a number of staff training courses were provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control audits, risk assessments and ongoing discussion with residents. There was a COVID-19 management plan in place which provided site specific guidance on the actions to take in the event of an outbreak. This designated centre was clean and in a good state of repair, however, improvements were required with regard to the storage of cleaning equipment and with compliance with the organisational policy on the management of sharps bins.

Fire safety precautions were in place in the centre and included fire containment arrangements, regular fire safety checks and fire exits were clear. Fire drills were taking place and residents spoken with were aware of what to do if the alarm sounded. Each resident had a personal evacuation plan (PEEP) and these were reviewed and updated. Staff spoken with were aware of individual evacuation requirements and showed the inspector how to use a communication card and where to locate a specific evacuation device if it was required.

Overall, the inspector found that residents at this designated centre were supported with their individual needs and a good standard of care was provided. Improvements in the infection prevention and control measures used in the designated centre would improve the quality and safety of the service provided.

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and management of risk, including a site specific safety statement and emergency plans in the event of adverse events. Risks that had been identified at service and resident level had been assessed and individual risk assessments were completed if required.

Judgment: Compliant

Regulation 27: Protection against infection

The provider ensured that there were procedures in place for the prevention and control of infection including the risks associated with COVID-19. Improvements were required with regard to the storage of cleaning equipment and with compliance with the organisational policy on the management of sharps bins.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety precautions were in place in the centre and included fire containment arrangements, regular fire safety checks and fire exits were clear. Fire drills were taking place and residents spoken with were aware of what to do if the alarm sounded.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents had an up-to-date assessment of their health, personal and social care needs and that this was available in easy-to-read format for the residents.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that residents had access to appropriate healthcare and where medical treatment was recommended, this was facilitated.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of the residents were found to be respected and their independence and autonomy was promoted. Residents were found to be actively involved in the decisions made regarding their home.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kildalton OSV-0007229

Inspection ID: MON-0027856

Date of inspection: 01/02/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The Registered Provider has ensured appropriate arrangements are now in place for the safe storage of all mops and cleaning equipment in line with Infection Prevention and Control Policy. • The Person in Charge has developed a protocol for the emptying of the sharps box in line with Infection Prevention and Control of Healthcare Associated Infections. This had been brought to the attention of all staff. • The Person in Charge has updated the current Risk Assessment to reflect the above changes. 	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	22/02/2022