

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

Issued by the Chief Inspector

Name of designated centre:	Killiney DC
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	05 February 2025
Centre ID:	OSV-0008245
Fieldwork ID:	MON-0037119

About the designated centre

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

Killiney DC is a designated centre located in South Dublin and is registered for 8 beds. The designated centre is comprised of two houses which are located in neighbouring towns. Killiney DC intends to meet the specific care and support needs of adults with an intellectual disability. The residents in this centre require low to medium support which is determined and supported via their personal plans. The residents in this DC are supported by staff to reach their maximum potential in all areas of their life including health, social and leisure pursuits, independent living skills and independence in their community. The centre is staffed by social care workers and there is a social care leader who provides support to the person in charge. Residents in Killiney DC have their own bedrooms and have access to shared kitchens, sitting rooms and large back gardens which have facilities for relaxation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 5 February 2025	09:30hrs to 16:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of this designated centre. The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration.

The findings of the inspection were positive with the inspector finding the provider was responsive to the needs of residents and that residents were supported to enjoy an active and enjoyable life.

The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life.

The centre comprised of two houses located in South County Dublin. Both properties were located close to many services and amenities, which were within walking distance and good access to public transport links. The centre was registered to accommodate eight residents, with four residents living in each house.

The inspector visited both of the houses which made up the designated centre. They saw that the houses were clean and well-presented both internally and externally. There was adequate private and communal spaces. Residents' bedrooms were nicely decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

Residents were observed to have busy and active lives. The inspector observed residents coming and going from their homes during the day, attending day services and making plans for the evening. Residents participated in events and activities in their locality such as going bowling, swimming, social clubs, drama and art classes.

Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff. It was clear during the inspection that there was a good rapport between residents and staff.

The person in charge, supervisor and staff described the quality and safety of the service provided in the centre as being very personalised to the residents' individual needs and wishes. They all spoke about the high standard of care all residents receive.

All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. The inspector met all four residents in one of the houses. And two residents in the second house. They all said that they were happy living in the centre, that their homes were close to the shops and to work. One resident said the food was good and another likes when family come to visit. Residents in one

house spoke about holidays they had been on in the past year and their plans for more holidays this year. Residents told the inspector that they like to help out around the house by doing chores like mopping the floor and cleaning up after meals.

In advance of the inspection, residents had also completed Health Information Quality Authority (HIQA) surveys, with support from staff. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in the surveys was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives.

Overall, from what the inspector was told and observed during the inspection, it was clear that residents had active and rich lives, and received a good quality service. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the 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 being delivered.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service and how effective it was in ensuring that a good quality and safe service was being provided. Overall, there was a clearly defined management structure that identified the lines of authority and accountability, and staff had specific roles and responsibilities in relation to the day-to-day running of the centre.

The findings of the inspection demonstrated the provider had the capacity and capability to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge was also responsible for two other designated centres run by the provider. The designated centre had an allocated supervisor who supported the person in charge in fulfilling their regulatory responsibilities.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

The inspector spoke with two staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection. When reviewed by the inspector these were found to be accurate and up to date including an accurate and current directory of residents, residents guide and complaints log.

Furthermore, an up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the residents' current assessed needs. Staffing levels were in line with the centre's statement of purpose.

The inspector reviewed actual and planned rosters at the centre for December 2024, January 2025 and the current February 2025 roster. The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

All rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

Residents were in receipt of support from a stable and consistent staff team. 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.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by the inspector who reviewed two staff records and found them to be accurate and in order.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspector reviewed the staff training matrix and found that staff had completed a range of training courses, including communication, medication management and behaviour support to ensure they had the appropriate levels of knowledge and skills to best support residents.

All staff were up to date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide, fire safety log (including a record of drills and the testing of equipment) and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration. The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents in the centre.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

There were effective leadership arrangements in place in this designated centre with clear lines of authority. The person in charge was suitably qualified and experienced. They had oversight of two additional designated centres that were located in the same region. A supervisor was appointed at local level in the designated centre to support the person in charge in fulfilling their regulatory responsibilities. The supervisor was supernumerary to the roster and had defined responsibilities including rostering and supervision of staff. The person in charge reported to a programme manager.

Local governance was found to operate to a good standard in this centre. Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to residents was of a good standard. The provider also

had in place a suite of audits, which included; medication, infection prevention and control and health and safety checklists. These audits identified any areas for service improvement and action plans were derived from these.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a transport vehicle.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints log and procedure available in the centre. This was in easy-to-read format and accessible to all.

The inspector reviewed the complaints log and found that complaints were being responded to and managed locally.

The person in charge was aware of all complaints and they were followed up and resolved in a timely manner.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre.

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. The atmosphere in the centre was observed to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes.

The registered provider had ensured that residents were free to receive visitors to their home in accordance with each resident's wishes.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. Residents were receiving appropriate care and support that was individualised and focused on their needs. The inspector observed support and education in place for residents in order to further support residents safety and quality of care.

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre. The inspector observed the fire doors to close properly when released.

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights. All staff had received training in human rights. From what the inspectors observed and what residents and staff communicated this training was used to enhance the care and support provided to residents. Residents chose to live their lives in accordance with their will and personal preferences. Residents were supported to make decisions about their care and support, and on the running of the centre.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably qualified staff.

Regulation 11: Visits

The inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

There were no visiting restrictions in the centre. Residents were free to receive visitors in line with their wishes.

Additionally, visiting arrangements were outlined in the designated centre's statement of purpose and function, which was readily available to residents and their representatives.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

The inspector walked the premises of both houses comprising the designated centre, and in the main found that the houses were clean, bright and sufficiently spacious for the number and mobility needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

Residents had comfortable living rooms, bedrooms and dining areas, and each resident was supported to have their bedroom decorated and furnished how they liked.

The inspector saw that two shower rooms in one house required upkeep. The provider had identified this through their own audits and a plan was in place to refurbish both. In the other house, a shower was not working and therefore out of use for residents. However, there were two other bathrooms available and accessible to residents and suitable to their assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

The inspector reviewed fire risk assessments, records of practice evacuation drills, staff training records, personal evacuation plans, and equipment service records related to fire safety in this designated centre. The inspector also walked the premises and observed evacuation routes, door closure mechanisms and fire containment features.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Fire safety records, including fire drill details demonstrated that the provider could safely evacuate residents under day and night time circumstances.

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 communication needs, social and emotional well being, safety, health, money management, mobility and life skills.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' rights. Through speaking with and observing residents and staff, and reviewing evidence related to care plans and personal objectives, the inspector found good examples of how the rights and choices of residents were being protected and respected. Staff demonstrated a good knowledge of residents' preferences in their routine, activities, and living spaces. Some of the residents expressed to the inspector that they feel their rights are respected and that they have the freedom to exercise control and choice in their daily lives.

It was evident that there were regular residents' meetings occurring weekly within the centre. The inspector reviewed four of the residents meetings minutes, in one of the houses, which demonstrated that residents were given the opportunity to express their views and preferences and were provided with information relating to the running of their centre, their rights, facilities available and how to access additional supports should they be dissatisfied with any aspect of their care and support.

Residents enjoyed a good quality of life and were facilitated to lead lifestyles of their choosing. Residents were provided with a personal plan. The plan detailed their needs and outlined the supports they required to maximise their personal development. The plans reflected the residents' right to exercise choice in their lives. For example, one resident's Feeding, Eating, Drinking and Swallowing (FEDS) care plan recommended no bread be included in their diet. The resident expressed that they would like to explore other options so that bread could still be included in their meals. The resident was supported to attend clinical appointments and underwent personalised extensive education and training to achieve their goal to continue to eat bread safely.

Residents' rights were further supported by staff who advocated for services on behalf of the residents.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant