



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

Issued by the Chief Inspector

Name of designated centre:	Killowen House
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	23 February 2022
Centre ID:	OSV-0005671
Fieldwork ID:	MON-0031516

About the designated centre

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

The centre is a two bedroom bungalow located close to the centre of a large town in Co. Louth. Two gentlemen live in this centre. The centre is spacious and homely and each resident has a large bedroom. The staffing levels in the centre comprise of nurses, social care workers and health care assistants. There are two staff on duty during the day, who provide individualised supports to each resident and one staff supports residents at night. The person in charge is responsible for three other centres under the provider. They are supported in their role by a clinic nurse manager to ensure effective oversight. Residents here do not attend a formal day service instead, they chose on a daily and weekly basis activities that are in line with their personal wishes and goals. A car is provided so as residents can travel to a range of activities they enjoy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 23 February 2022	10:00hrs to 14:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, residents appeared to have a good quality of life in this centre. They were able to choose what activities they would like to do on a daily basis, were supported to maintain links with family and their local community and were kept informed about issues that affected their homes. Some minor improvements were required in four of the regulations as discussed in the next two sections of this report.

On arrival to the centre one resident was about to go for a morning walk with staff. The resident liked to purchase a drink and the morning newspaper first before going on a long walk with their dog. This was part of their daily routine which they really liked.

The other resident was enjoying a cup of tea and listening to music in a room that had been converted into their own 'den'. This resident really liked having some private space to themselves. The resident was observed going to the kitchen and making tea for themselves and later in the day was enjoying painting in the kitchen with staff. This, and observations made throughout the inspection informed the inspector that residents could access all areas of their home.

The centre was for the most part well maintained, clean and homely. Residents had their own bedrooms which had been decorated in line with their personal preferences. There was a garden to the back of the property where a seating area was provided. Some minor improvements were required to the premises, which are discussed later in the report.

Residents were supported to maintain links in their community and with family. One resident had become a season member of the local football club. As they lived very near the club, they could decide to attend a game anytime. The inspector observed a timetable of football fixtures in the residents personal plan and dates were highlighted to show when the next matches were on.

Maintaining family links was also supported and encouraged. The inspector was informed of one positive example; where a resident was supported by staff to do this.

Residents meetings were held every week where a number of issues were discussed. Meals and activities were planned, but residents were also informed about things that were happening in their home. For example; family visits planned and repairs that needed to be done in the resident's home. Infection control precautions were also discussed and one resident spoke about the importance of wearing face masks while in shops and coffee shops. This informed the inspector that residents were informed about relevant issues to do with their daily lives.

Each resident had a record of activities they enjoyed doing. One resident really liked routine and structure to their day and this was maintained for them. Examples of

some of the activities included learning to cook meals, going out for walks, going to the gym for a swim, watching football and having dinner out.

Staff spoke about one resident's love of music and how staff were supporting the resident to develop new skills in this area. The resident had recently purchased a record player and was linking with a local music store to source some more vinyl records they liked. They were also making a music wall in the garden. Two of the staff who also liked music had made a percussion instrument for the resident. When those staff were on duty the resident and staff enjoyed a 'jamming' session in the evening. This informed the inspector that residents likes and interests were being respected and developed.

Residents also had a number of goals outlined in their personal plans that they wanted to achieve. One resident was going to start growing potatoes in the back garden.

Overall, the residents were being supported to live a good quality of life in this centre. The inspector also observed that staff appeared to know the residents well and were respectful, caring and professional in their interactions with the residents.

Capacity and capability

Overall, the inspector found that this centre was well managed. While some improvements were required in staff training, records, residents access to some activities and the premises; the inspector found that some of the improvements were already highlighted through the providers own audits in the centre.

There was a defined management structure in place which included a clinic nurse manager, the person in charge, a director of services and a interim regional director.

The person in charge was a qualified nurse with considerable experience working in and managing disability services. They were employed on a full time basis but are also employed as a person in charge for three other designated centres under this provider. In order to ensure effective oversight of this centre, a clinic nurse manager was employed also. The inspector found that this was not impacting on the quality of services being provided in the centre at the time of this inspection.

The registered provider had systems in place to monitor and assess the quality and safety of care provided. An annual review was currently being completed for 2021. An unannounced six monthly quality and safety review had also recently been completed. Both of these reviews are required to be completed under the regulations. Any improvements identified from these reviews were included in an overall quality enhancement plan to ensure that actions were completed in a timely

manner.

These quality enhancement plans were regularly reviewed by the person in charge and the director of services. A number of other audits had been completed in the centre which included health and safety, residents' personal possessions and residents' personal plans. The inspector found that the reports generated from these audits and reviews in general found good practices were maintained in the centre and actions developed on how practices could be improved had been implemented or were in progress at the time of the inspection. For example; it had been identified that residents records were not always updated to reflect goals they had achieved. The person in charge had a plan in place to address this.

There was sufficient staff on duty to meet the needs of the residents. At the time of the inspection there were no staff vacancies in the centre. The person in charge had recently reviewed the staff numbers in the centre and had requested additional core relief staff to support the residents. This had been reported to senior managers at the time of the inspection and was being addressed. Staff were found to be very knowledgeable of the residents' needs in the centre and staff felt supported in their role through regular supervision and staff meetings.

Staff personnel files were reviewed after this inspection and were found to contain the information required under the regulations. For example; Garda vetting was in place for staff.

Staff had been provided with training to support the residents needs in the centre and assure a safe service. However, there were a number of staff who had not completed refresher training in some areas.

A review of the incidents that occurred in the centre over the last year informed the inspector that the person in charge had notified the chief inspector of all incidents that had occurred in the centre where required under the regulations.

A complaints register was maintained in the centre and no complaints had been logged since the last inspection.

Regulation 14: Persons in charge

The person in charge was a qualified nurse with considerable experience working in and managing disability services. They were employed on a full time basis but is also employed as a person in charge for three other designated centres under this provider. In order to ensure effective oversight of this centre, a clinic nurse manager was employed also. The inspector found that this was not impacting on the quality of services being provided in the centre at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents. At the time of the inspection there were no staff vacancies in the centre.

The person in charge had recently reviewed the staff numbers in the centre and had requested additional core relief staff to support the residents. This had been reported to senior managers at the time of the inspection and was being addressed.

Staff were found to be very knowledgeable of the residents' needs in the centre and staff felt supported in their role through regular supervision and staff meetings.

Judgment: Compliant

Regulation 16: Training and staff development

Some staff required refresher training in a number of areas on the day of the inspection.

Judgment: Substantially compliant

Regulation 21: Records

As identified through the providers own audits, improvements were required to the records stored in residents personal plans. In addition, some records were not available to the inspector on the day of the inspection. This included some staff meeting minutes and the supervision records for staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined management structure in the centre which outlined clear lines of accountability. The registered provider had systems in place to monitor and review the quality of services provided. At the time of the inspection these systems

were found to be effective.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the incidents that occurred in the centre over the last year informed the inspector that the person in charge had notified the chief inspector of all incidents that had occurred in the centre where required under the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents appeared to have a good quality of life and were provided with individualised supports which enabled them to choose what they wanted to do on a daily basis. Some minor improvements were required to the premises and activities in the centre.

The centre was clean and homely. Each resident had their own bedroom which had been personalised to their own individual tastes. The provider had identified a number of improvements needed through their own audits to the premises. For example; the paint work in some rooms needed to be addressed and the garden area outside needed to be power washed. The grout between the tiles in the bathroom and the en suite also needed attention. While this had been highlighted through provider audits prior to this inspection, it had not been completed to a satisfactory level at the time of the inspection.

Each resident had a personal plan in place which included a comprehensive assessment of need. Support plans were also in place to guide how residents should be supported with their individual needs. Staff spoken to were knowledgeable around the residents' needs and the goals had they had in place.

Residents were supported with their health care needs and as required access to a range of allied health care professionals, to include GP, dietitian, occupational therapy and physiotherapy. Hospital appointments were facilitated as required and care plans were in place to support residents in achieving best possible health.

Residents were supported to experience best possible mental health and where required had access to behavioural and psychology support. Where required, residents had a positive behaviour support plan in place. There were no restrictive practices used in this centre at the time of the inspection.

Residents were supported to have meaningful active days in line with their personal preferences and were engaged in activities in their community on a regular basis. However, one resident who liked baking had not completed this since November 2021. This required improvements going forward.

The fire safety management systems in place provided assurances that residents could be safely evacuated from the centre in the event of a fire. Residents had personal emergency evacuation plans outlining the supports they required. Staff were very familiar with these plans and was able to show the inspector one support they had in place for a resident who would not always evacuate the centre in a timely manner. Fire fighting equipment, a fire alarm, fire doors and emergency lighting were in place. This equipment had recently been serviced and a number of audits and checks were conducted to ensure that they were in good working order.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. Risk assessments outlined the controls in place to manage potential risks in the centre. For example; in relation to fire safety, the tumble dryer was checked everyday for a build up of lint. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks had been implemented. For example; a resident who required support from an allied health professional following a fall had been supported with this and recommendations from that allied health professional had been implemented.

The vehicle used in the centre had an up to date roadworthy certificate and insurance certificate displayed. The provider also had other systems in place which included the vehicle being checked by a mechanic every four weeks to ensure that the vehicle was road worthy.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. There were adequate hand-washing facilities and hand sanitising gels available and there were enhanced cleaning schedules in place. Staff were knowledgeable about what to do in the event that a staff or a resident was suspected of having COVID-19. There were measures in place to ensure that both staff and residents were monitored for possible symptoms. A 'safety pause' was conducted at the start of every shift to remind all staff about the current guidelines in place. One staff member was also appointed as the lead person for the management of COVID-19 in the centre. This person was responsible for carrying out audits to ensure ongoing compliance with public health guidance.

The inspector found a number of practices in the centre that provided assurances around residents' rights been respected. For example, residents were kept informed and consulted about developments or changes in the centre. They could chose what

activities they wanted to do on a daily basis. Information was available for residents about COVID 19 and the restrictions in place around this.

Regulation 13: General welfare and development

Residents were supported to have meaningful active days in line with their personal preferences and were engaged in activities in their community on a regular basis. However, one resident who liked baking had not completed this since November 2021. This required improvements going forward.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had identified a number of improvements needed through their own audits to the premises. For example; the paint work in some rooms needed to be addressed and the garden area outside needed to be power washed. However, the grout between the tiles in the bathroom and the en suite needed attention. While this had been highlighted through provider audits prior to this inspection, it had not been completed to a satisfactory level at the time of the inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had systems in place to manage/prevent an outbreak of COVID-19 in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety management systems in place provided assurances that residents could be safely evacuated from the centre in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which included a comprehensive assessment of need. Support plans were also in place to guide how residents should be supported with their individual needs.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their health care needs and as required access to a range of allied health care professionals, to include GP, dietitian, occupational therapy and physiotherapy. Hospital appointments were facilitated as required and care plans were in place to support residents in achieving best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and where required had access to behavioural and psychology support. Where required, residents had a positive behaviour support plan in place. There were no restrictive practices used in this centre at the time of the inspection.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found a number of practices in the centre that provided assurances around residents' rights been respected. For example, residents were kept informed and consulted about developments or changes in the centre. They could chose what activities they wanted to do on a daily basis. Information was available for residents about COVID 19 and the restrictions in place around this.

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	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Killowen House OSV-0005671

Inspection ID: MON-0031516

Date of inspection: 23/02/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All outstanding training has been booked and all staff will be fully trained by the 31.05.22	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: An audit of both IPPs was completed on the 24.03.22. All records in the IPP are up to date and correct. The minutes of staff meeting are printed and in a folder in the house.24.2.22 A locked cabinet was sourced for the storage of supervision records, the house manager and PIC have access to this cabinet. 01.03.22	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: Staffs have been supported by the PIC to carry out a review of resident preferences for	

meaningful activities for each resident.
The importance of including these activities into their daily/weekly routine has been discussed at the team meeting on the 28.3.22.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
The painting, grouting and the power hosing of the back yard has been completed 29.3.22.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	28/03/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/05/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	29/03/2022

	kept in a good state of repair externally and internally.			
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	28/03/2022
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre.	Substantially Compliant	Yellow	28/03/2022