



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

Issued by the Chief Inspector

Name of designated centre:	Killylastin
Name of provider:	Praxis Care
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	13 November 2024
Centre ID:	OSV-0008626
Fieldwork ID:	MON-0042470

About the designated centre

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

Killylastin is a large two storey house located on the outskirts of a busy regional town. It can provide residential accommodation to 4 adults with intellectual disability. Care and support is provided by a team of social care workers. Both a waking night and a sleepover arrangement is in place at night-time.

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 13 November 2024	13:30hrs to 17:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was the first inspection of a centre that was registered this year. Its purpose was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013).

There were two residents living at the centre at the time of inspection. One resident moved in on 26 August 2024. The second person moved in on 4 November 2024.

The inspection commenced in the afternoon. A resident was observed relaxing in their bedroom while playing music of their choice on a compact disk player. They showed the inspector a second music player that they had nearby and pointed to areas of their room that they wished the inspector to view. This included the large window and farm machinery in a field behind the house which they appeared to enjoy watching. They also showed the inspector their walk-in wardrobe where they had ample space to store their clothing and other items of interest including a football and sports clothing. Throughout the afternoon, they were observed enjoying a meal in the dining room and moving freely around their home while interacting with the staff on duty. Later in the evening, they left the centre on the transport provided to visit the shops and attending football training with a community group. This resident did not have a day service at the time of inspection, but were reported to be involved in a number of activities such as drama group, visits from therapy dogs and sporting activities. The inspector observed them asking about 'work' and it was clear that they were keen to attend a structured day service near their new home. The person in charge supported them kindly and told the inspector that a plan to progress this was in progress but no firm agreement was made. This will be expanded on later in this report.

The second resident attended a day service and they were observed returning later in the afternoon. They were reported to be happy in their home and settling in well. They had good contact with their family who lived nearby. The inspector met with the resident in their bedroom. They noted the staff singing cheerfully with them while completing the afternoon tasks. The resident appeared content and relaxed. They were noted using objects of references to communicate with staff. For example, they showed a piece of clothing which they liked to wear while eating. This meant that they would like to go to the kitchen to have a snack. It was clear that staff were aware of the resident's communication style and they supported the resident to the dining room where they had a snack that they liked.

A walk around of the house found that it was a structurally sound building which was finished to a high standard. It was very spacious and there were a number of rooms provided for residents to relax together or apart in accordance with their preferences. There was a large kitchen with ramped access to the side of the house. The kitchen was well-equipped and there was a bright dining room nearby. The hard and soft furnishings were of good quality, comfortable and added to the homely

atmosphere of the house. The person in charge told the inspector that they planned to add more personal pictures and items of interest to the residents as they settled into their new home.

The next two sections of this report which will outline the findings of this inspection in relation to the governance arrangements in place in the centre and how these impacted on the quality and safety of the service.

Capacity and capability

The registered provider had management systems in place to ensure that the service provided was safe and appropriate to residents' needs. The person in charge was employed full-time at this service. This meant that their time was dedicated to a successful transition for residents and the oversight of the service. Improvement was required which related to opportunities for occupation for one resident. This will be expanded on under regulation 13 in the next section of this report.

The inspector found that the service was provided in a suitable premises and in line with the statement of purpose. A review of the policies, procedures and guidelines for the service found that they were readily available and in date. The provider had suitable insurance arrangements in place which met with the requirements of the regulation.

The admission of residents to the centre was in line with the statement of purpose. A staggered admission plan meant that each resident and their families had time to visit the centre and allow time for the residents to become familiar with their new home on an individual basis. Written terms of residency were completed which were also available in easy-to-read versions.

Staff employed had access to training as part of a professional development programme. This included a range of mandatory and bespoke training options. Formal supervision meetings were ongoing. As most of the staff team were new to the service, enhanced supervisory arrangements were in place which were in line with the provider's policy.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. Management processes were streamlined, organised and easily accessed. While audit systems were used effectively, the annual review of care and support and the six-monthly provider led audit were not yet due. Improvement was required for a residents that required a day service, and this will be reported on in the next section of this report.

Regulation 14: Persons in charge

The provider had a person in charge who had a full-time post in the centre. They had the appropriate qualifications, skills and experience.

A compliance assessment completed in July 2024 found that they met with the requirements of the regulation.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the staffing arrangements in Killylastin met with the assessed needs of the residents. For example,

There were two staff members on duty on the day of inspection, which meant that residents had 1:1 support.

Where additional supports were required, this was provided. A resident with a medical condition which was under review, had a waking night support in place at the time of inspection.

The provider and the person in charge had arrangements in place to respond to staff shortages. This included the provision of relief staff or agency staff. All additional staff at the time of inspection were consistently employed as evidenced by the staff roster.

The inspector reviewed a sample planned and actual roster from 1 October 2024 to the date of inspection (13 November 2024) and found that it provided an accurate reflection of the staff on duty at the time of inspection. The roster was well maintained and the name and role of staff employed were clearly documented.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training and development options which were appropriate to the needs of the residents, the service provided and the role held.

The inspector reviewed a sample of mandatory modules which included fire safety, positive behaviour support and safeguarding vulnerable adults. All staff members

had completed these modules recently.

In addition, the inspector discussed bespoke training options that were provided for staff in the centre. They found that the provider had a plan in place for staff to complete training in diabetes on 14 November 2024 and in epilepsy management on 15 November 2024. This meant that the provider responded to training needs identified as required.

In addition, staff had access to a formal supervision programme as part of their professional development. The staff team at this centre were recently recruited and on probation period. This meant that enhanced supervision arrangements were in place and meetings were taking place on a monthly basis.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective governance arrangements in place to appropriately oversee all aspects of the service offered.

The person in charge reported to the Head of Operations who was present during the inspection in order to provide additional support.

The person in charge was supported by a team leader function who assisted with the oversight of the service when they were not available.

Staff spoken with were aware of the clear lines of authority and who to report to if a concern arose.

The management systems reviewed by the inspector were streamlined, organised and the guidance for staff was easily accessible. This meant that they assisted with the quality and safety of service provision.

The centre was well resourced with sufficient staff to support the residents in meeting their individual goals. In addition, there were two vehicles available to transport residents individually or together if required.

Residents families were actively involved in the transition programmes which were ongoing at the time of inspection

The provider and person in charge had audit systems in place. Those reviewed were relevant to the service and completed correctly. As this was a new service, the annual review of the quality and safety of the service and the six-monthly provider-led audit were not yet due.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were two residents living at Killylastin at the time of inspection. There were admitted to the centre in line with the process outlined in the statement of purpose.

The provider had an admissions policy that was in date and available for review. The resident that was admitted in August 2024 had an admissions panel report dated 27 July 2024 after which a transition plan was put in place. This documented specific timed actions with staff responsible for each action clearly identified.

During the transition phase, staff members attended the resident's family home and day service so that they could become familiar with all dimensions of the resident's day-to-day life.

A written contract for the provision of services was signed on their day of admission (26 August 2024). This was available in easy-to-read version for the residents use if required.

Residents were admitted in gradual stages with time afforded to each person and their families to visit the centre and become familiar with their surroundings.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose which was reviewed on 23 October 2024. It provided an accurate reflection of the operation of the service and was available for review in the centre.

Judgment: Compliant

Regulation 30: Volunteers

A review of this regulation found that volunteers were not involved in the centre at the time of inspection and there was no plan for this to happen. However, the provider assured the inspection that if this were the case in the future, a policy was available to guide good practice.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had written policies and procedures which met with the requirements of Schedule 5 of the regulation. The inspector requested a sample of the policies which were relevant to the service. They were readily available and those reviewed were up to date.

Judgment: Compliant

Quality and safety

As outlined, this was a newly registered centre. The inspector found that a good quality of care and support was provided in a large welcoming home. Residents were admitted using a step-by-step approach which ensured that each person had time to settle in. While residents had active lives, one resident was requesting a structured workshop placement. Although the provider had a plan in place to progress this, ongoing work was required to ensure that it was addressed in a timely manner and in line with the resident's request.

The inspector found that residents had comprehensive assessments of their health, personal and social needs. Person-centred plans were prepared in line with the requirements of the regulation. Residents and their representatives were involved in the process. In addition, the health and wellbeing of each resident was promoted and supported. Access to a general practitioner (GP) of choice was provided along with the support of allied health professionals in accordance with the resident's needs.

Residents that required support with behaviours of concern had the support of behaviour specialists. Behaviour support plans included support strategies which were subject to regular review. Where restrictive practices were used, they were the least restrictive possible and used for the shortest duration.

The provider had effective management systems in place to reduce and manage risk in the designated centre. These included a risk management policy and arrangements for the assessment, management and ongoing review of risk. Residents had risk assessments with actions in place to reduce the risks identified. Where concerns arose, these were identified by the provider and associated risk assessments were reviewed and updated.

The inspector found a range of fire protection systems, which included arrangements to detect, contain and extinguish fire. All staff had completed fire training. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis using both daytime and night-time scenarios. All residents had a personal emergency evacuation plans.

In summary, the residents at this designated centre was provided with good quality and safe service, and their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. The property provided was of high standard. It was designed to meet with the assessed needs of the residents living there and suitable visiting facilities were provided. Ongoing work on occupational arrangements for one resident would further improve compliance at this centre.

Regulation 11: Visits

Residents at Killylastin had good relationships with their families and this was supported by the provider and the staff team.

Visitors were welcome in the centre and were encouraged to participate in the resident's life if in line with the resident's wishes.

Suitable visiting facilities were provided with adequate space to receive visitors in a private area that was not their bedroom.

Judgment: Compliant

Regulation 13: General welfare and development

In the main, residents received care and support which was in line with their assessed needs and wishes.

They were provided with opportunities to take part in activities of their choosing which matched their interests such as football, spending time with animals and going out for lunch in their local community.

- However, as outlined in the opening section of this report, one resident did

not attend a day service at the time of inspection. This was due to the fact that the resident had moved some distance from their original day service and ongoing attendance was not feasible for this reason. The resident was observed asking the person in charge about their 'work' as they were keen to return to a structured occupational opportunity. The person in charge reassured the resident kindly and explained that a plan was in place to visit a potential day service as soon as possible to see if the resident would like it. This required ongoing work to ensure that a plan was put in place and the resident's wishes were granted.

Judgment: Substantially compliant

Regulation 17: Premises

The provider ensured that the house provided met with assessed needs of the residents. It was of sound construction, kept in a good state of repair and was clean and suitably decorated.

Residents' bedrooms were spacious and televisions were provided which they could use in their room if this was their wish. In addition, each room had an en-suite bathroom and sufficient space for storage of clothing and personal items.

Cleaning schedules were used and audits were completed. The physical environment was clean, tidy and clutter free.

Where maintenance was required, the provider had a process in place to ensure that issues were identified and actioned as soon as possible.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had risk management systems in place for the assessment, management and review of risk. These included a risk management policy which was up to date and service level and centre level safety statements.

Residents had individual risk assessment management plans which were subject to regular review. For example, the resident who wished to attend a day service had a risk assessment completed and control measures were in place.

A review of the incident management systems was completed. A sample of incidents relating to medicines management and positive behaviour support reviewed found that concerns were identified promptly, management plans put in place and if

appropriate learning shared with the staff team.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises. The fire prevention policy was up to date. Residents were provided with person emergency evacuation plans and additional guidance on supporting a resident with mobility needs and encouragement was provided.

Staff employed had completed mandatory fire training. They were familiar with the building and with the escape routes to follow if required.

Fire drills were completed on a regular basis, and both daytime and night-time scenarios were used. Safety checks were taking place regularly and the information was recorded. For example, checks on the emergency lighting and alarm tests were completed by a competent fire professional on 16 September 2024.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans prepared in line with the requirements of the regulations.

The provider had an assessment tool which supported the assessment of goals and the measuring of achievements. This was subject to regular review by the resident's keyworker who met with the resident on a bi-monthly basis or more often if required.

A review of a plan dated 26 October 2024 had goals documented which included going to football training and having visits from a therapy dog organisation. Photographs were used to show that these goals were ongoing and were enjoyed by the resident.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate healthcare in line with their personal plans and assessed needs.

Residents attended a general practitioner (GP) preferred by the resident or their representatives. One resident continued to attend the GP that they were familiar with in their home town during the early stages of their transition. The person in charge explained that this was in their best interest at that time as consistency of care was important.

Access to multi-disciplinary supports was provided. Residents had the support of occupational therapy, speech and language therapy and dietetics.

Where enhanced care was required, this was provided. For example, residents accessed specialists in diabetes and epilepsy and there was evidence that the advice provided was actioned by the staff team.

Access to consultant-led care was provided if required. For example, visits to a neurologist and a consultant in mental health were facilitated as required.

Residents' wellbeing was incorporated into their daily lives if appropriate. One resident had ceased attendance at a dancing class as they did not enjoy the pace of the exercise. They began to attend a 'better lung class' which allowed them to participate in exercise which was better suited to their ability which they were reported to enjoy.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required positive behaviour support had access to behaviour support specialists and behaviour support plans were in place.

A review of a plan dated 10 October 2024 found that a range of proactive behaviour support strategies were recommended. The inspector observed staff using these as documented in the plan, and knowing what to do if required. In addition, plans were subject to monthly review at the time of inspection with a date planned for 25 November 2024.

Restrictive practices were in use in this centre. The inspector found that they were implemented with the consent of the resident and their representatives, were the least restrictive type and used for the shortest duration possible. For example, one resident had a restriction relating to the use of the television remote as their family had explained that they could become anxious and upset if the volume was too high. A review found that the protocol was appropriately used, subject to regular review with a plan for removal of the restriction when the resident was agreeable to 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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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

Compliance Plan for Killylastin OSV-0008626

Inspection ID: MON-0042470

Date of inspection: 13/11/2024

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 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The person in charge has ensured that where residents are in transition all efforts are made for continuity of education, training and employment. Completed 17.12.2024</p> <p>The Person in Charge has ensured that residents are offered opportunity to attend day services. Resident commenced transition to new day service on the 17.12.2024. Completed 17.12.2024</p> <p>The Person in Charge will continue to work closely with resident and day service provider to monitor and review progress at each transition stage. Commenced 17.12.2024</p>	

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(4)(b)	The person in charge shall ensure that where residents are in transition between services, continuity of education, training and employment is maintained.	Substantially Compliant	Yellow	17/12/2024