<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Kerry Parents and Friends Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001966</td>
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<tr>
<td>Centre county:</td>
<td>Kerry</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Kerry Parents and Friends Association</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Maura Margaret Crowley</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>9</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>16 July 2015 10:30</td>
<td>16 July 2015 19:00</td>
</tr>
<tr>
<td>17 July 2015 09:00</td>
<td>17 July 2015 18:00</td>
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</table>

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

This centre, operated by Kerry Parents and Friends Association (KPFA), was a designated centre providing accommodation and care for people with intellectual and physical disabilities requiring continuous nursing care. This was an announced inspection, carried out over two days, for the purposes of informing a decision to register the designated centre.

As part of the inspection the inspector met with residents, the nominated provider, the person in charge, relatives and other staff members. The inspector reviewed the policies and procedures in the centre and examined documentation which covered issues such as staff training, complaints and advocacy, personal plan development,
staff training and health and safety risk management.

The inspector observed staff in their delivery of care and noted that good practice was in evidence by all staff members during the course of the inspection. A registered nurse was on duty at all times and records and procedures reviewed indicated that practices were evidence based with a high standard of care provided. Residents had access as required to a general practitioner (GP), dentist and other allied healthcare professionals. A dedicated activities co-ordinator provided a regular and comprehensive activities programme which was tailored to meet the individual needs of residents and delivered in a manner that maximised participation by all residents at every level. Overall the requirements of the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were well met, however there were some areas for improvement identified in relation to health and safety and documentation around governance, policies, records management and supervision.
Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a written complaints policy dated April 2014 with procedures which identified the nominated complaints person and included information about time-frames and processes for internal and external review. A summary of the complaints procedure was clearly displayed and information on how to access advocacy services was also available. A complaints log was in place with issues recorded including actions and outcomes as well as a record as to whether the outcome satisfied the complainant.

The inspector noted that interactions between staff and residents were familiar and comfortable whilst being respectful. Residents had their own bedroom with adequate space and facilities for storage and personal belongings. Residents could receive visitors either in communal areas or in the privacy of their own rooms. Contact with family and friends was encouraged as part of routine activities which residents took an active part in scheduling. A review of feedback questionnaires from residents’ relatives indicated a high degree of satisfaction with the standard of care delivered to residents. Meetings with residents were held regularly and minutes reviewed indicated they were well attended and addressed relevant issues such as access to advocacy services and voting rights. Personal plans recorded the interests and preferences of residents and the activities arranged ensured that residents had the opportunity to participate in activities that were appropriate to their abilities and reflected their interests. It was clear from participation records and personal plans that residents could exercise choice as to whether or not they attended scheduled activities.

A comprehensive policy was in place on the management of personal property and possessions. However, this was a generic policy which required updating to reflect practices specific to the centre. Action in this respect is recorded against Outcome 18 on Records and Documentation. Appropriate systems were in place to secure residents' monies and individual finances were maintained. A sample of records that were checked...
during inspection were in accordance with procedure in terms of dated and signed transactions and the cash balance reconciled with records. However, in one instance arrangements around the financial transactions for a resident who had transferred from another KPFA centre had not been revised to reflect the change in circumstances.

**Judgment:**
Substantially Compliant

### Outcome 02: Communication
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

### Outstanding requirement(s) from previous inspection(s):*
No actions were required from the previous inspection.

**Findings:**
A communication policy dated February 2014 was in place which included directions around the use of sign language, Braille and the use of ‘communication passports’ which detailed the communication needs of residents in an easy access format. Residents were seen to be consistently supported and assisted in their communications. Staff were aware of the individual needs and personal habits of residents in relation to communication and were competent in assisting residents to express themselves and also anticipating needs to facilitate such expression. Appropriate reliance was placed on communication techniques such as illustrated signage in communal areas and around functions of daily living like nutrition charts and food preparation. Pictograms and photographs were used to assist residents in participating in activities. However, there was no policy in place for the provision of information to residents as per the regulatory requirements and action in this regard is recorded against Outcome 18 on Records and Documentation.

Personal care plans reviewed by the inspector recorded the individual communication requirements of residents including the input of external professionals such as a psychologist or speech and language therapist. Plans of care outlined specific means of communication and were seen to be detailed, including information such as how residents’ behaviour would change when expressing different emotions. The inspector also reviewed questionnaires completed by residents that reflected the application of communication care plans in practice.

**Judgment:**
Compliant
Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector noted that staff and management at the centre supported positive relationships between residents and their families. Feedback questionnaires completed by residents and their relatives returned significant satisfaction levels with the service delivered in relation to communication, respect and care. Family members spoken with by the inspector reported a good level of engagement with staff and management around the care of their relative. There was a visiting policy in place dated May 2015 and visiting times were flexible with arrangements in place for residents to receive visitors in private if they so wished. There was good evidence that residents were supported in the development of their personal relationships and to attend social events such as birthday parties and seasonal celebrations. Holidays with families and overnight trips were also seen to be facilitated.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a policy and procedures on admission, transfers and discharges dated April 2014. Admissions criteria and practice reflected the terms in the statement of purpose. Written contracts, signed by or on behalf of residents, were in place on individual personal care plans and included the terms of residence, services provided and any fees that might be applicable.
### Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

### Theme:
Effective Services

### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

### Findings:
Individualised, written, personal care plans were in place for each resident which were comprehensive and person-centred. Those reviewed by the inspector contained a well developed profile of the interests, activities and goals for residents and included documented input by multidisciplinary teams as appropriate. Records indicated that there was collaboration around strategies and that goals agreed were seen to be meaningful and achievable. The centre used a personal outcome measure (POM) tool to ensure consistency in the delivery of support and service. Communication 'passports' were in use which provided effective direction to staff in meeting the needs of residents. Staff spoken with demonstrated a well developed knowledge and understanding of the residents, their individual circumstances and personal preferences. Both discussion with staff, and the personal care plans reviewed, indicated that residents were supported in the pursuit of their individual goals and where challenges or adverse circumstances arose, alternative strategies were considered and implemented if possible. The personal care plans reviewed were balanced and reflected efforts to develop residents' specific social, emotional and participation needs. Personalised activities were provided on a regular basis with a designated activities co-ordinator responsible for the delivery of a programme of activities that also allowed for interactive participation by staff. Facilities such as transport and staff resources were made available to enable residents to have access to, and participate in, activities and events in the local community.

### Judgment:
Compliant
Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The premises was a single storey building, constructed in 2002, set back slightly from the main road. There was sufficient parking for several cars at the front of the building which was also the designated fire assembly point. The size and layout of the premises was in keeping with the statement of purpose and adequate to the needs of the residents. It provided ten single bedrooms and one for respite, all with access to en suite facilities. The dimensions of rooms, corridors and communal areas were in keeping with regulatory requirements and adequate for the use of assistive equipment where necessary. The entrance led into a hallway area off which there was a comfortable communal sitting and dining area and another separate sitting room where residents could watch TV, participate in activities or receive visitors. The kitchen area was bright and well equipped. Overall the premises were adequately decorated with sufficient space for storage of supplies and equipment. The premises were well maintained with suitable, lighting, heating and ventilation. Residents spoken with said that they were comfortable and content with the accommodation. Bathroom and toilet facilities were appropriate to the needs and layout of the centre. Clinical waste was stored securely in an appropriate location removed from the residential area. An appropriately equipped laundry facility was on-site and systems were in place to ensure that garments could be returned to their owners.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
Actions identified during the previous inspection had been addressed in that the risk register now identified hazards and controls as specified in Regulation 26. Discrete assessments were also in place where these risks had been identified as potential hazards for individual residents. However, the risk management policy had not been revised to identify these specific risks - injury, unexplained absence, self-harm and aggression and violence, and the measures in place to control against them. A comprehensive health and safety statement was in place. However, it required review as it had not been updated since April 2012. Action on this finding is recorded against Outcome 18 on Records and Documentation. The inspector saw that relevant data was maintained and monitored in relation to incidents and accidents and that this data was reviewed at quarterly management meetings with resultant learning outcomes cascaded to staff accordingly.

Floor plans, evacuation procedures and emergency contact details were clearly displayed in the centre. Fire safety equipment such as extinguishers were readily accessible. Comprehensive personal emergency evacuation plans were in place. Records indicated that escape routes and the fire panel were checked daily. Current maintenance records were maintained electronically. Documentation was available to verify that the centre was appropriately insured. Environmental health reports had been completed and copies were available. Records for the maintenance of assistive equipment were available including a certificate for wheelchairs dated 3 July 2015. Equipment was serviced annually and fire extinguishers were all certified as of October 2014. Records indicated fire drills were carried out monthly and participation was documented. The fire alarm was tested monthly with a record of service on 5 June 2015. Records reviewed indicated fire training had been delivered in November 2014 however, some members of relief staff had yet to receive updated training.

Satisfactory procedures were in place for infection control. Hand gel was seen to be available and in use. Colour coded cleaning systems were in operation and current policies were in place for the disposal of clinical waste. However, the centre’s laundry facility could only be accessed through a utility space that included a sluice facility which presented a potential risk of a healthcare associated infection. These circumstances had not been assessed to evaluate the potential risk or provide direction on the necessary controls and measures that might be implemented to mitigate this risk.

Judgment:
Non Compliant - Moderate
Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
A policy dated May 2015 was in place on the use of restrictive procedures such as physical, chemical and environmental restraint which also referenced relevant national guidelines. A policy on the provision of behavioural support was also in place, dated April 2014. However, these policies required review to reflect a centre specific approach and action in this regard is recorded against Outcome 18 on Records and Documentation. Staff had received appropriate training in the use of restraint and managing challenging behaviour. However, in some instances refresher training was overdue.

The inspector observed that staff demonstrated a good understanding of the needs of residents and that interactions were attentive and responsive. Both staff and management demonstrated a commitment to providing emotional, behavioural and therapeutic support to promote a positive approach in managing behaviour that might challenge. The circumstances of individual residents were taken into account and possible underlying factors, such as significant anniversaries, were considered when developing strategies to provide behavioural support. The inspector reviewed a sample of personal care plans and noted that appropriate checks and monitoring were in place where restrictive interventions were in use and a multi-disciplinary restrictive practices review committee was in place to provide additional oversight.

Measures to protect residents being harmed or suffering abuse were in place and a policy providing direction on the provision of intimate care was in place dated February 2014. Regular training in safeguarding and safety was provided and up-to-date. The existing policy on safeguarding and safety was dated April 2014 however it required review to reflect both a centre specific approach and current national policy and action in this regard is recorded against Outcome 18 on Records and Documentation. Staff with whom the inspector spoke understood what constituted abuse and were clear on lines of reporting and action to be taken. Where allegations had been made procedures for managing the process were clearly documented and managed in line with the centre's policy, national guidance and legislation.

Judgment:
Non Compliant - Moderate
### Outcome 09: Notification of Incidents

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
An effective record of all incidents occurring at the centre was maintained and those incidents required to be formally notified in keeping with the Regulations were submitted in a timely manner to the Authority. Quarterly returns were also submitted in keeping with requirements.

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development

*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The general welfare of residents was well maintained with effective resources in place to meet the needs of residents in relation to both healthcare and social development.

**Judgment:**
Compliant
Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Overall the welfare and wellbeing of residents was maintained through both evidence based nursing care and appropriate medical care. Where assessments indicated a referral to allied health therapists such referrals were documented and occurred within appropriate time-frames. Provision of such care included input by a multi-disciplinary team where necessary and access to allied healthcare professionals including speech and language therapist, dermatologist and chiropody. A review of medical notes indicated that a general practitioner (GP) was in regular attendance at the centre. The inspector reviewed a number of residents' personal care plans and found them to be individualised, comprehensive and kept under regular review, including input by a GP. Recognised and appropriate assessment tools were utilised to inform decision making about treatment across a range of issues such as nutrition, falls, choking and the use of restraint. The inspector observed residents being provided with appropriate assistance during mealtimes and the food provided was well prepared, well presented and nutritious.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The centre had established a good working partnership with their pharmacist and systems for communication and review were in place including a training programme and schedule of audits. A training programme on the use of seizure medication had been delivered on 5 June 2015. The centre also ran a medication management sub-committee which met regularly to identify and progress related issues; minutes of these
meetings were seen with the last recorded on 20 April 2015.

There was a written policy in place for medication management dated 14 October 2013 which included directions around the prescribing, administration, storage, safekeeping and disposal of medicines. Prescription sheets were maintained in accordance with requirements and contained the necessary biographical information. Medication administration sheets were maintained in accordance with requirements and contained the medications identified on the prescription sheet along with the signatures of administering staff. Staff administering medication were appropriately trained and seen to demonstrate good practice in relation to hand hygiene and the safe securing of medication at all times.

**Judgment:**
Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a written statement of purpose that accurately described the service provided at the centre. The services and facilities outlined in the statement of purpose as provided at the centre adequately met the assessed needs of the resident profile. The statement of purpose was comprehensive and contained all the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

**Judgment:**
Compliant
Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Effective management systems were in place to support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability. Accountability in the service operated through a Board of Directors with direction through the CEO and senior management team. The organisational structure was in keeping with that outlined in the statement of purpose. A review of the organisation’s five year strategic plan from 2015 to 2020 indicated that consultation processes were in place with stakeholders. There was a full-time person in charge, who was a registered nurse, with extensive clinical knowledge and the appropriate experience to ensure the effective care and welfare of residents in the centre. Care was directed through the person in charge and deputising arrangements were in place for absences of the person in charge with a suitably qualified and experienced staff nurse fulfilling this role. A site report and audit of compliance with safeguarding measures from 28 and 29 April 2015 had been completed and reference to implementing the associated recommendations was evident from minutes of management meetings. Other areas subject to review and audit included personal care plans, environmental hygiene and infection control and medication management. The provider nominee confirmed that the review of quality management systems was in place and a quality standards meeting had taken place on 9 June 2015. However, although an overall quality review was available at an organisational level, the annual quality review for the centre itself had not been completed.

The provider nominee was in regular attendance on-site and maintained ongoing contact with the person in charge. In accordance with statutory requirements the provider nominee undertook unannounced visits to the centre. However, there was no written report available in relation to these visits as required by the Regulations.

Staff spoken with were found to have a good knowledge and understanding of their residents’ circumstances, likes and dislikes and were observed in the conduct of their daily practice of care to demonstrate a person-centred approach to their residents. Staff supervision was effective with a system of performance management and appraisal in place. Staff spoken with were aware of the requirements in relation to the Regulations and a copy of the National Standards for Residential Services for Children and Adults with Disabilities was available and accessible at the centre.
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<th><strong>Judgment:</strong></th>
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<tr>
<td>Non Compliant - Moderate</td>
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**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Appropriate deputising arrangements were in place for absences of the person in charge and a suitably qualified and experienced member of staff was in place to substitute as required. Management were aware of the statutory requirements around notifications to the Authority in instances where absences exceeded 28 days and where such circumstances occurred they had been notified accordingly.

**Judgment:**
Compliant

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<th><strong>Outcome 16: Use of Resources</strong></th>
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<td><em>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</em></td>
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**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The facilities and services in the centre were in keeping with the assessed needs of the resident profile and reflected those outlined as available in the statement of purpose. Adequate resources were available to deliver the necessary care and support for residents and appropriate management systems were in place to plan and utilise resources effectively.

**Judgment:**
Compliant
**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector reviewed recruitment and training records and procedures and spoke with staff and management in relation to both these systems. There was a policy on recruitment and selection of staff however it required further development particularly in relation to vetting procedures. Action in this regard is recorded against Outcome 18 on Records and Documentation. Practices in relation to recruitment and vetting were effective with qualifications, training and security backgrounds verified on those records reviewed during the inspection. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. The inspector noted that staff members were knowledgeable of residents' individual needs and provided assistance to them in a respectful, caring and timely manner.

Both planned and actual staff rosters were reviewed during the inspection and indicated that the staff numbers and skill mix were appropriate to meet the needs of the residents with at least one staff nurse on duty at all times. Staff received ongoing training to support them in the delivery of evidence based nursing care. The person in charge demonstrated a commitment to the professional development of staff and documentation reviewed by the inspector indicated that, in addition to mandatory subjects, training was regularly delivered on topics such as diet, nutrition and first aid.

The qualifications of senior nursing staff and their levels of staffing ensured appropriate supervision at all times. Documentation in relation to volunteers was in keeping with statutory requirements with roles and duties set out in writing. Staff supervision was effective with performance management systems in place including regular staff appraisals. Where shortcomings had been identified in relation to the monitoring and supervision of volunteers appropriate measures had been implemented to address these issues.

**Judgment:**
Compliant
Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Written, site-specific policies and procedures, as listed in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013, were maintained and also readily accessible for reference. However, as identified earlier in this report some of these required review to reflect a centre specific approach and/or current national policy in relation to best practice. For example, policies on safeguarding and safety, residents going missing, personal property and finance, and the provision of behavioural support. Also, the safety statement was dated April 2012 and required review in accordance with statutory requirements.

Records in respect of Schedule 2 were maintained appropriately as detailed in outcome 17 on workforce.

A directory of residents was maintained and included the relevant information as required by Schedule 3 of the Regulations, such as biographical information and the contact details of specified parties. A residents’ guide which summarised the services and facilities provided by the centre and the terms and conditions of residency was also available. However, there was no policy on the provision of information to residents as required by item 13 of Schedule 5 of the Regulations.

Other records as specified in Schedule 4 of the Regulations were available and accessible; these related to admission fees and services, the right and process of complaint and notifications and risk management around fire safety. Greater detail is provided on these matters under their respective Outcomes throughout this report. In relation to all records referenced above maintenance was in keeping with the timeframes specified within the Regulations.

Judgment:
Non Compliant - Moderate
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Kerry Parents and Friends Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001966</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>16 July 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07 September 2015</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

In one instance arrangements around the financial transactions for a resident who had transferred from another KPFA centre had not been revised to reflect the change in circumstances.

1. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
The Service Users personal property and money policy will be updated with practices specific to the centre included to ensure that insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Proposed Timescale: 30/11/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy had not been revised to identify the specific risks - injury, unexplained absence, self-harm and aggression and violence, and the measures in place to control against them.

2. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
Risk Management Policy will be revised by the senior management team to include risks identified under regulation 26.

Proposed Timescale: 30/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No assessment had been undertaken to evaluate the potential risk of a healthcare associated infection presented by providing access to the laundry through an area with a sluicing facility.

3. Action Required:
Under Regulation 27 you are required to: 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.
Please state the actions you have taken or are planning to take:
Contact has been made with the infection control nurse for disability services to advise on assessing the potential risk of healthcare associated infection presented by providing access through an area with a sluicing facility and agreed procedures will be adopted.

**Proposed Timescale:** 30/09/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some members of relief staff had yet to receive updated fire training.

4. **Action Required:**  
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
Updated Fire training has been arranged for the outstanding relief staff.

**Proposed Timescale:** 31/10/2015

**Outcome 08: Safeguarding and Safety**  
**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
In some instances refresher training on the use of restraint and managing challenging behaviour was overdue.

5. **Action Required:**  
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
MAPA 1 day training has been planned for 5th October.

**Proposed Timescale:** 31/10/2015
Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual quality review for the centre had not been completed.

6. Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
The review will be completed in accordance with the regulatory requirement.

Proposed Timescale: 30/11/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider nominee undertook unannounced visits to the centre however there was no written report available in relation to these visits as required by the Regulations.

7. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
A written report will be completed and an improvement plan put in place for the unannounced visits to the centre.

Proposed Timescale: 30/09/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some policies required review to reflect a centre specific approach and/or current national policy in relation to best practice, for example:- safeguarding and safety, residents going missing, personal property and finance, and provision of behavioural support.

8. Action Required:
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
The policy has been updated and has been sent for approval to the Board of Directors subcommittee.

**Proposed Timescale:** 30/09/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The safety statement was dated April 2012 and required review in accordance with statutory requirements.

**9. Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
The policy has been developed and has been sent for approval to the Board of Directors Policy subcommittee.

**Proposed Timescale:** 30/09/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no policy on the provision of information to residents as required by item 13 of Schedule 5 of the Regulations.

**10. Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The policy has been developed and has been sent for approval to the Board of Directors Policy subcommittee.

**Proposed Timescale:** 30/09/2015