**Centre name:** A designated centre for people with disabilities operated by Kerry Parents and Friends Association  

**Centre ID:** OSV-0003430  

**Centre county:** Kerry  

**Type of centre:** Health Act 2004 Section 39 Assistance  

**Registered provider:** Kerry Parents and Friends Association  

**Provider Nominee:** Maura Margaret Crowley  

**Lead inspector:** Mairead Harrington  

**Support inspector(s):**  

**Type of inspection** Announced  

**Number of residents on the date of inspection:** 12  

**Number of vacancies on the date of inspection:** 3
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.
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**

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

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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 varying levels of intellectual and physical disability. KPFA is a not-for-profit organisation, with a Board of Directors and Executive body, which supports children and adults with intellectual disabilities. KPFA provides services in six locations throughout the county. 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. 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. Dedicated activity coordinators 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. In most areas 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 issues of non-compliance in relation to premises at one unit and other areas for improvement were identified in relation to health and safety and documentation around governance, policies and records management.
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):
This was the centre’s first inspection by the Authority.

Findings:
Policies and procedures were in place in relation to the management of complaints and an outline of the process including relevant contact details was on display at the centre. Information on the complaints process was included in the statement of purpose and the residents' guide. A complaints log was maintained where complaints were recorded, including actions to address issues and notification of outcomes to complainants. A nominated person to deal with complaints was identified as well as the process around appeal. A system to review complaints and outcomes with management was in place to facilitate any potential learning from issues raised. Information in relation to advocacy arrangements was in place and an independent advocate was identified who had attended the centre.
A privacy and dignity policy was in place and interactions within and between residents and staff that were observed throughout the inspection process indicated a strong culture of respect and personal consideration.
Regular resident meetings were held where issues such as activities and safeguarding were discussed. Minutes of these meetings indicated that decisions in relation to the management of the centre were explained to residents in terms they would be able to understand. Rights were explained and feedback from a number of residents indicated an understanding around their rights. Routines and practices were person-centred and promoted residents' independence and choice. Residents had opportunities to engage in activities that provided meaning and a sense of self-worth. Several residents engaged in community fundraising work and those spoken with were clearly proud of their achievements in this regard. Personalised activities were provided on a regular basis with two dedicated activity support officers responsible for the delivery of a programme of activities and recreation. This function was also supported by input from community
volunteers and activation around music and song was in evidence on both days of inspection. A policy on managing finances was in place and processes reviewed around these arrangements were robust and complied with requirements.

**Judgment:**
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):**
This was the centre’s first inspection by the Authority.

**Findings:**
A communication policy was in place and staff were aware of the individual needs and habits of residents in relation to communication. Staff were observed interacting with residents and were seen to be competent in assisting residents to express themselves and also anticipating needs to facilitate such expression. Where assistive technologies were in use, such as hearing aids, their application was monitored. Communication techniques such as illustrated signage in communal areas and around functions of daily living were used effectively. Pictograms and photographs were used to assist residents in identifying people and locations and when participating in activities. A policy on the provision of information to residents was in place. Personal care plans reviewed by the inspector recorded the individual communication requirements of residents including the input of external professionals where appropriate. Plans of care outlined specific means of communication and were seen to be detailed, including information as to how residents’ behaviour might change when expressing different emotions. The centre was well integrated in the local community and residents spoken with were aware of activities and events in the local area.

**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):
This was the centre’s first inspection by the Authority.

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. The inspector also met with the relative of a resident who spoke highly of the standard and quality of care their relative received. A visitors' policy was in place and visiting times were flexible with facilities available 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 such as attending social and family events and also to entertain friends and relatives at the centre on special occasions such as birthdays.

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):
This was the centre’s first inspection by the Authority.

Findings:
There was a policy and procedures on admission, transfers and discharges dated April 2014. Admission criteria and practice reflected the terms in the statement of purpose. Residents' needs were assessed on admission and personal plans were developed in collaboration with residents which reflected areas such as personal goals, communication issues, personal care, activities and education and learning. However, whilst effective practices were seen to be in place, the policy did not take account of the need to protect residents from abuse by their peers as required by the Regulations. 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.

Judgment:
Substantially Compliant
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):
This was the centre’s first inspection by the Authority.

Findings:
Appropriate and current policies and procedures were in place providing directions to staff on the delivery of care in areas such as behavioural support and intimate care. A number of personal care plans (PCPs) were reviewed during the inspection. The centre used a personal outcome measure (POM) tool to ensure consistency in the delivery of support and service. The PCPs comprised two parts, a personal outcome file which contained a full profile of the resident and a separate daily file which included communication notes and current information relevant to the residents' day-to-day requirements. The inspector noted that, where possible, residents had direct and ongoing access to these plans and were familiar with the layout and content of the documentation. Relatives of residents spoken with were also aware of the PCP and reported they were consulted with on a regular basis in relation to updates and development of the plans. The PCPs were working documents which accompanied residents to the centres of their daily activity. A review of the PCPs indicated that communication notes were regularly and appropriately updated with handover processes in place to ensure that relevant information was communicated to the centre and/or day service accordingly. Documentation was in place that reflected a regular review around the development of interests, activities and goals for residents, including 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 PCP's described the aims and ambitions of residents and residents spoken with explained how they had been involved in the planning of their goals and the steps being taken to achieve them. Milestones and timeframes were outlined and those individuals with responsibility for ensuring progress on these milestones were identified. Evidence of achievements were also produced by the residents themselves such as work items created for fundraising activities and certificates for completed training courses. The inspector noted that residents' wellbeing and welfare was maintained in keeping with evidence-based care and support. Those residents involved in community roles spoke with a clear sense of pride around their responsibilities and duties. Residents spoken with also expressed a sense of achievement around the certificates they had obtained and competitions in which they had participated.

The centre provided a day service facility on-site and access to activities and...
occupations in the community were also facilitated with appropriate transport arrangements in place and an adequate complement of staff suitably trained and equipped to ensure safe access.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The designated centre comprised three units at separate addresses within a radius of one mile of each other on the outskirts of a small county town. In total the centre provided accommodation for 15 residents.

One unit was a single storey building, constructed in 2012, 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 appropriate to the needs of the residents. It provided accommodation for nine residents in eight single bedrooms with another bedroom for respite only, all with access to en suite facilities. The dimensions of rooms, corridors and communal areas were in keeping with regulatory requirements and suitable for the use of assistive equipment where necessary. The entrance led into a hallway area off which there was a comfortable communal sitting area and another separate sitting room where residents could watch TV, participate in activities or receive visitors. There was a separate visitors’ room also. The kitchen area was bright and well equipped and led into an open plan dining area with comfortable seating arrangements and space. This unit was well maintained and decorated and facilities such as lighting, heating and ventilation were in keeping with requirements. Bathroom and toilet facilities were appropriate to the needs and layout of the centre. An appropriately equipped laundry facility was on-site and systems were in place to ensure that garments could be returned to their owners. Residents in this unit had access to a secure outside space with seating and a pleasant water feature. This unit was well furnished, comfortable and decorated in a homely fashion with appropriate equipment for use maintained in good working order. Kitchen and bathroom facilities were clean, accessible and suitably equipped. Residents' rooms were comfortable with adequate storage for belongings and rooms were individualised with personal items and photographs.
The unit at the second address accommodated four female residents and one sleepover member of staff. It was suitable in design and layout to meet the assessed needs of the residents. This unit was a five bedroomed, detached, two storey, residential house which was set back slightly from the road. Entrance was through a bright conservatory to a hall leading to a dining area and further to a communal sitting area which was used for activities and watching TV. This room led out onto a large, enclosed garden area. The bedroom of one resident was on the ground floor with direct access to its own en suite. This room was appropriately furnished, had adequate space for storage and was personalised with photographs and belongings. Three residents had a bedroom each on the second floor with access to a shared bathroom facility that included a bath, toilet, wash-hand basin and shower. However, these bathroom facilities were in poor condition and required upgrading. All bedrooms afforded adequate and secure storage including a bed side locker, chair and TV where requested. A fire exit was located on the second floor which provided external access to the garden outside and the nearest assembly point.

The third unit was a detached, two-storey, residential house in its own grounds with off-street parking and both front and rear access to garden space. At time of inspection this house was unoccupied and was undergoing a substantial refurbishment with plans in place to support a single resident in self-contained accommodation on the ground floor with support staff accommodation, storage and office space on the first floor.

**Judgment:**
Non Compliant - Moderate

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre maintained an effective risk register with discrete assessments in place where risks had been identified as potential hazards for individual residents and records of these were maintained on their personal care plans. Reasonable measures were in place to prevent accidents. However, some potential hazards had not been identified or risk assessed, for example in one unit a steep concrete ramp in the garden and unrestricted window access from a fire exit on the first floor. A risk management policy was in place dated April 2014 which required review as it did not identify the specific risks cited in the Regulations including 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 data was maintained in relation to incidents and accidents and that systems were in place for this information to be relayed and reviewed at senior management level with a mechanism in place to feedback related learning through the person in charge via staff meetings at centre level. The person in charge stated this data was reviewed quarterly to identify trends and supplement audits in relation to the quality review. Floor plans, evacuation procedures and emergency contact details were displayed in the centre and residents participated in regular fire drills which were documented, the last being on 4 September 2015. Records indicated that escape routes, including an external fire escape from the first floor of one unit, and fire panels were checked daily. Documentation was provided to verify that the centre was appropriately insured. A maintenance log was in place with completed actions recorded against entries and a six monthly report maintained. Fire equipment including extinguishers had been checked as of July 2015. An auxiliary generator was available. A fire safety audit had been carried out on 12 September 2015 and nominated health and safety officers were in place for each unit. Records reviewed indicated fire training had last been delivered in November 2014. However, some members of staff had yet to receive updated training. Also, there were instances where relief staff had not received the required training in manual handling.

Colour coded cleaning systems were in operation and current policies were in place for the disposal of clinical waste. Policies in relation to infection control were also in place and staff had received training in this regard. However, in one unit laundry and cleaning facilities were not segregated with both located in a confined space which presented a potential risk in relation to healthcare associated infection.

Judgment:
Non Compliant - Major

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):
This was the centre’s first inspection by the Authority.

Findings:
Measures to protect residents being harmed or suffering abuse were in place including appropriate policies and a training programme. The policy on safeguarding and safety
appropriately referenced current national policy and guidelines. Regular training was provided to staff with training last delivered in May 2014. However, in one instance refresher training was overdue. Staff with whom the inspector spoke had received up-to-date training, understood what constituted abuse and were clear on lines of reporting and action to be taken. Where an allegation had been made procedures for managing the process were in line with relevant guidance and legislation. Documentation of the process was in keeping with statutory requirements. Effective security was maintained throughout the centre with a visitors’ log in use and staff vigilant in this respect. A policy providing direction on the provision of intimate care was in place and there was up-to-date information on residents’ personal care plans about the level of support they required. The inspector spoke with residents and noted that they had a well developed sense of personal space and privacy, were mindful of each other, and that staff were respectful of boundaries.

A policy on the provision of behavioural support was also in place with a record of training last delivered in June 2015. However, in one instance refresher training was overdue. A review of personal care plans indicated that where a resident’s needs were changing appropriate and prompt referrals were made with multi-disciplinary input as required. Extensive measures were seen to be implemented to ensure that all available resources were utilised to secure an optimum outcome for the resident. These measures included a positive behaviour plan that took account of various possible underlying factors and which was reviewed and revised as resident needs altered. Staff demonstrated a very good understanding of their residents’ needs and their responses to those needs were relevant and attentive. 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 multidisciplinary restrictive practices review committee was in place to provide additional oversight.

**Judgment:**
Non Compliant - Moderate

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**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):**
This was the centre’s first inspection by the Authority.

**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.
### 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):**
This was the centre’s first inspection by the Authority.

**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. There was a policy in place on education, training and development and it was evident from a review of personal care plans that residents were supported in accessing training and activities appropriate to their assessed needs. In particular one resident who was moving to semi-independent living had been facilitated to participate in a nine month training programme to support her in the transition. However, the policy document required review as it did not adequately describe how the relevant provisions applied to residents. Action in this regard is recorded against Outcome 18 on Documentation and Records.

Residents had access to day care services both on-site and at affiliated centres in the region. A transport service was also available to access recreational activities and for outings. Access to services was provided taking into account individual preferences and abilities. No residents were in full-time education. Some residents had participated in training programmes that were appropriate to their assessed abilities and had received certificates accordingly. Residents also had the opportunity to become involved in fund raising and community work projects; residents spoken with by the inspector expressed pride around their work in this regard. Residents who could were encouraged to undertake supported activities and attend events such as live music sessions and family gatherings. The inspector was satisfied that residents were provided with opportunities for new experiences and social participation appropriate to their needs and abilities.

**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):
This was the centre’s first inspection by the Authority.

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 timeframes. Provision of such care included input by a multidisciplinary team where necessary and access to allied healthcare professionals was facilitated for example speech and language therapy 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. 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):
This was the centre’s first inspection by the Authority.

Findings:
There was a written policy in place for medication management dated 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. An audit in relation to the safe administration of medications had been undertaken on 3 September 2015. Where a resident was responsible for their own
medication practices were safe and an appropriate risk assessment had been undertaken and was kept under review. Systems for reviewing and monitoring safe medication management practices were in place with a medication management sub-committee in place that met regularly to identify and progress related issues. The centre had a well established working partnership with their pharmacist and systems for communication and review were in place. A programme of training was facilitated by the pharmacist who also operated a schedule of audits, the last being undertaken on 21 August 2015.

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):
This was the centre’s first inspection by the Authority.

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):
This was the centre’s first inspection by the Authority.

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 member of staff fulfilling this role. A schedule of audits was in place for areas including personal care plans, infection control and medication management. The provider nominee confirmed that a review of quality management systems was in place with a quality standards committee meeting on at least a quarterly basis. 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 and written reports were maintained in this respect.

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.

Judgment:
Non Compliant - Moderate

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):**
This was the centre’s first inspection by the Authority.

**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 of the person in charge exceeded 28 days. There had been no such instances to report.

**Judgment:**
Compliant

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**Outcome 16: Use of Resources**
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

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**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**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

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**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):
This was the centre’s first inspection by the Authority.

Findings:
Appropriate policies were in place around recruitment and vetting which outlined robust procedures in relation to these processes. Qualification and training records were maintained on personnel files and security backgrounds had been 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. Staff received appropriate training to support them in the delivery of evidence based care. The person in charge demonstrated a commitment to the professional development of staff and the qualifications and experience of senior staff, and their levels of staffing, ensured appropriate supervision at all times. Staff supervision was further supported by performance management systems that included regular staff appraisals. Documentation in relation to volunteers and work experience staff was in keeping with statutory requirements with roles and duties set out in writing accordingly.

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):
This was the centre’s first inspection by the Authority.

Findings:
Written 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, a number of these required review to reflect a centre specific approach including policies.
on safeguarding and safety, risk management, personal property and finance, medication management and access to education, training and development. 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.

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. Documentation was in place to verify that the centre was appropriately insured.

Judgment:
Substantially Compliant

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
Health Information and Quality Authority
Regulation Directorate

Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by Kerry Parents and Friends Association
Centre ID: OSV-0003430
Date of Inspection: 16 September 2015
Date of response: 30 October 2015

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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admissions policy did not take account of the need to protect existing and potential residents from abuse by their peers as required by the Regulations.

1. Action Required:
Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
practices take account of the need to protect residents from abuse by their peers.

**Please state the actions you have taken or are planning to take:**
The Admission, Discharge and Transfer Committee will meet in November and will review the admissions policy and update it to comply with regulation 24(1)(b) to include the need to protect residents from abuse by their peers.

**Proposed Timescale:** 30/11/2015

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### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
In one unit the bathroom facilities were in poor condition and required upgrading to be to the needs of the residents.

2. **Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
The bathrooms in the house highlighted will be upgraded to meet the identified needs of the residents.
Contact will be made with community OT for advice on the renovations and the needs of the residents.

**Proposed Timescale:** 29/02/2016

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### 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:**
Some potential hazards had not been identified or risk assessed, for example in one unit a steep concrete ramp in the garden and unrestricted window access from a fire exit on the first floor.

3. **Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
Risk Assessments have been carried out on the identified risks.
Proposed Timescale: 30/10/2015  
Theme: Effective Services  

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
In one unit laundry and cleaning facilities were not segregated with both located in a confined space which presented a potential risk in relation to healthcare associated infection.

4. **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:  
The cleaning facilities have been relocated to another place. A unit for the cleaning equipment is required and this will need to be built in.

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Proposed Timescale: 30/11/2015  
Theme: Effective Services  

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
In some instances refresher training in fire safety and manual handling were overdue.

5. **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:  
Training will be scheduled for all outstanding staff training in fire safety and manual handling.

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Proposed Timescale: 30/11/2015  
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:
Refresher training in the management of behaviour that might challenge was overdue in one instance.

6. 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:
Training will be scheduled for all outstanding staff training.

Proposed Timescale: 30/11/2015
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Refresher training in safeguarding and safety was overdue in one instance.

7. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
Training will be scheduled for all outstanding staff training.

Proposed Timescale: 30/11/2015

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 review of quality and safety of care in the designated centre had not been completed.

8. 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 annual review of the quality and safety of care and support will be completed.
Proposed Timescale: 30/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Several policies required review to reflect a centre specific approach including policies on safeguarding and safety, risk management and emergency planning, personal property and finance, medication management and access to education, training and development for residents.

9. 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:
An appendix to the above policies will be developed to reflect the centre specific approach and will be attached to the organisation’s policies.

Proposed Timescale: 30/11/2015

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.

10. 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:
A review of the safety statement has been undertaken in line with statutory requirements.

Proposed Timescale: 30/10/2015