<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Tigh an Oileain</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001970</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 Crowley</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Moore</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>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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
From: 24 May 2017 10:15  
25 May 2017 09:15
To: 24 May 2017 19:00  
25 May 2017 16:30

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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<tbody>
<tr>
<td>Outcome 02: Communication</td>
<td></td>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
<td></td>
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<tr>
<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 10: General Welfare and Development</td>
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<tr>
<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
Background to the inspection:
This inspection was the second inspection of this centre by the Health Information and Quality Authority (HIQA) and was carried out to inform the decision to register the centre. The centre was previously inspected in March 2016.

How we gathered our evidence:
Prior to the inspection the inspector reviewed the documents submitted by the provider with the application for registration of the centre. The inspector also reviewed the previous inspection findings, the provider’s response to the action plan
and, other information such as notice received by HIQA of accident and incidents that had occurred in the centre.

The inspection was facilitated by the person in charge and the front-line staff on duty during the inspection. The assistant director of services who was also a person participating in the management of the service attended the verbal feedback on the inspection findings on behalf of the provider.

Over the course of the two days of inspection the inspector met with all of the six residents living in the centre. All of the residents were clearly able to communicate both verbally and non-verbally their views of the service, facilities and staff. It was evident that staff had prepared residents for the inspection and the presence of the inspector. Residents welcomed the inspector to their home, invited the inspector to join them for refreshments and spoke of what was important to them including family, social engagement, work, sport and sporting achievement. It was clear that residents had a strong sense of ownership and pride in their home and enjoyed a good quality of life on a daily basis. The observed interactions between residents and staff were easy, caring and respectful.

The inspector also met with family members of two residents; the feedback received from them was consistently positive in relation to the staff and the care, support and services provided.

Description of the service:
The premises was purpose-built. Residential services were provided to six residents four of whom were the original occupants of the centre when it opened in 2004.

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service to be provided was as described in that document.

Overall judgment of our findings:
There was significant evidence of good practice. The inspector was satisfied that the provider and staff were committed to providing residents with a service that was person centred. Residents were relaxed and engaged and clearly involved in the routines and operation of the centre on a daily basis. Residents were confident and exercised choice and control.

Residents were facilitated and supported both individually and collectively to engage in a wide range of activities and programmes that focussed on their skills and interests but also on learning and ongoing development. There was a strong theme of family and community involvement.

However, despite the good practice evidenced and the quality of life enjoyed by residents on a daily basis, a concerning deficit was identified in the arrangements in place to meet a specific healthcare need.

Based on the records seen staff did monitor residents’ healthcare needs and sought to promote and maintain resident health and wellbeing. The person in charge was a
registered nurse. Residents had access to timely and responsive medical care. Residents had access to any required allied healthcare services. However, adequate arrangements were not in place to respond to a possible medical emergency. Only one staff employed in the centre, the person in charge, could administer the emergency and or rescue medicine that was available on site. Given the risk identified to resident safety and wellbeing the provider was issued with an immediate action plan to address this so as to ensure that all staff could and would administer the rescue medicine, if and when required to do so. The provider responded promptly and positively to the immediate action plan and confirmed that action had been taken to ensure that all staff would receive prompt training in the administration of the rescue medicine.

There was evidence to support that staffing levels, arrangements and skill-mix all required review to ensure that they were based on, and at all times met the assessed and changing needs of the residents.

While there was good evidence of fire safety measures, the provider was requested to submit confirmation of compliance with Regulation 28: Fire Precautions as further works had been recommended by a third party.

A review was required of risks, their assessment and control particularly in relation to the adequacy of the existing controls and the requirement for additional controls so as to reduce the level of identified risk to an acceptable and safe level.

Of the full eighteen Outcomes inspected the provider was judged to be in full compliance with 14 Outcomes, in moderate non-compliance with three Outcomes and in major non-compliance with one, namely Outcome 11: Healthcare Needs.
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):
No actions were required from the previous inspection.

Findings:
The inspector saw that residents exercised good autonomy, choice and control as they went about their daily routine. Their privacy and personal space was evidently important to them; they could lock their bedroom doors and choose at times to do so; they had put up signage requesting respect for their privacy and told the inspector that staff respected this request.

Families spoken with confirmed that they had encountered no restrictions on visits and dropped in as and when they wished. There was a separate room available for visits if required but the inspector saw that visitors were known to and mixed easily with both staff and residents.

Religious observance was important to some residents who confirmed that they could walk independently to the local church. Residents were supported in times of loss through bereavement counselling, and visits, if they wished, to family graves.

The details of the local independent advocate were prominently displayed as were the details for the complaints officer and the complaints procedure.

In line with the provider’s policy on the receipt and management of complaints, a log of complaints received was maintained. The review of this log indicated that residents did raise concerns that they had, that they were listened to and action was taken to resolve the matter complained of, to their satisfaction. Relatives spoken with said that they had no reason to complain but would have no hesitancy in doing so, if necessary.
Residents’ meetings were held on a weekly basis. The record seen indicated that residents engaged with and participated in this process. Conversation with residents confirmed the completion of actions and requests that had emanated from these meetings; however, this was not evident from the records themselves. It was recommended to the person in charge that the minutes should include a follow-up on the actions agreed at the previous meeting.

There were policies and procedures in place for supporting residents in the management of their finances. Records seen indicated that, as appropriate, residents were facilitated to develop their financial management skills and retain control of their own finances. The inspector saw that staff maintained itemised resident-specific records of all transactions and receipts of all expenditures; these were countersigned and monthly oversight was maintained.

Judgment:
Compliant

<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
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</table>

Theme:
Individualised Supports and Care

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

Findings:
Residents’ communication abilities were assessed and any supports required to support effective communication were identified and detailed in a communication support plan. The inspector saw that there was generalised use of symbols throughout the house, in the daily routine and in records such as the support plan. One resident had access to a symbol supported word processor application and residents used the symbols at times when responding to, and communicating with, the inspector.

One resident used some manual signing as one of their communication tools and staff had completed the relevant training.

Residents had good access to media including individual tablet computers.

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:**
It was clear from speaking with staff, residents and families, that the centre and the residents were very much part of the community; ongoing family contact and support was part of the normal routine of the house.

Some residents had independent access to local facilities such as the shop, coffee shop and church; staff said that the residents were well-known in the community that was described as inclusive and protective. Residents participated in the local tidy town’s initiative.

Families spoken with were clearly familiar with staff and said that staff were very good to keep families informed of any changes or developments. Staff maintained a log of communication and correspondence with families. Families confirmed that they were invited to attend the annual review of the personal plan.

There were evident bonds between the residents but friendships with other peers were also acknowledged and supported.

Staff said that the location of the centre was no barrier to community integration, activity and engagement as both staff and residents were well used to travelling. As discussed later in Outcome 10 residents participated in a broad range of activities both in the centre and in the community.

**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:
The there were policies and procedures governing admission to, transfer and discharge from the centre.

Residents were provided with a contract for the provision of care, support and services. The contact was seen to set out the service provided, any applicable fees and services that may be availed of but which were not included in the basic fee. Where the charges for such services were known, these were itemised.

There was evidence that the provider monitored the suitability of ongoing residency in line with the assessed needs and expressed wishes of residents.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
Based on HIQA inspection findings to date in its designated centres, the provider had recently implemented a comprehensive assessment of the personal, social and healthcare needs of each resident, the findings of which informed each resident’s personal support plan.

The inspector saw that the completed assessments identified any area where support was required to maintain resident welfare and well-being and that the required plan of support was in place.

The accessibility of and resident participation in their plan was supported by the system of symbols that was in general use throughout the centre.

The personal plan incorporated the process for identifying, agreeing and progressing residents' personal goals and priorities. The records seen by the inspector indicated that
this process was multidisciplinary in nature, residents and their families where possible attended, agreed goals were recorded as were responsible persons and achievement timeframes; there was evidence of goals achieved and actions taken in relation to goals in progression. The inspector was satisfied that the identified goals were in line with the expressed wishes of the resident and relevant to their ongoing general welfare and development.

The personal support plan was the subject of ongoing review that was appropriate and multidisciplinary in line with any identified changes.

**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 purpose-built to a high standard, on a spacious site that offered unique and pleasant coastal views. The premises was well-maintained and in good decorative order.

The premises was designed and built to support universal accessibility and would as such, continue to meet any increasing needs of the residents such as reduced mobility.

Each resident had their own bedroom with en-suite facilities of toilet, wash-hand basin and accessible shower. Bedrooms offered sufficient space including personal storage space. Some residents invited the inspector to see their rooms; the rooms were presented to reflect each resident’s personal interests and choices and residents had a strong sense of pride and ownership over their bedrooms.

There was a separate bathroom with accessible shower, toilet and wash-hand basin and a whirlpool type bath that some residents had a preference for. There was an additional toilet available and accessed from the main hallway.

The available communal space consisted of a spacious and pleasant conservatory (telescopes were available to offer enhanced views), a sitting-room, the visitor’s room and a further recreational room. Some residents choose to sit in the main entrance.
hallway where they could watch the general comings and goings and the main roadway.

The kitchen was appropriately equipped, incorporated the dining area and was seen to be the main hub of activity and a social space.

There was a separate utility area.

There was a designated laundry room that was adequately equipped; each resident’s laundry was attended to in an individualised manner.

The site itself was pleasantly landscaped and incorporated a horticulture area, a chicken coop and a dove cote.

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

Findings:
There were measures in place to promote and protect the health and safety of residents, staff and visitors; however, failings were identified and improvement was required in the assessment and management of risks and the recording of simulated fire drills. Clarification was also required as to the adequacy of existing fire safety measures.

The inspector saw the provider’s health and safety statement and the procedures for the identification and assessment of risks and the management of incidents, accidents and adverse events.

Since the last inspection the person in charge had completed a comprehensive range of centre specific, work-related and resident-specific risk assessments. The assessment of risks as specifically prescribed by Regulation 26, for example, the unexpected absence of any resident, were included in the risk register. The identified risks reflected residents’ assessed needs.

However, the inspector noted that the residual risk ratings, that is, the risk that remained when controls were implemented, remained very high. The provider operated a green to red risk rating system, green being the lowest and red being the highest; there were eight active red rated risks and 45 orange rated risks. Seven of the red risks pertained to the medical emergency referred to later in Outcome 11.
assessment and control required full review particularly in relation to the adequacy of the existing controls and the requirement for additional controls so as to reduce the level of identified risk to an acceptable and safe level.

The inspector saw that the premises was fitted with an automated fire detection system, emergency lighting, fire fighting equipment and fire resistant doors which were recently fitted with self-closing devices. Records seen indicated that fire safety measures were inspected and tested at the required intervals and most recently in January 2017, November 2016 and January 2017 respectively. Staff also completed and maintained a record of the findings of daily, weekly and monthly inspections of fire safety measures.

Escape routes were indicated and designated escape routes were seen to be fitted with easily released thumb-turn or push bar fittings.

However, notwithstanding the level of fire safety measures evidenced on visual inspection, a fire safety survey dated November 2015, listed a substantial number of improvement works to be completed; some but not all works were completed. Correspondence provided to HIQA dated 25 May 2017 stated that these works should be completed when funding was available but that the works that had been completed to date have achieved substantial compliance with regulatory compliance. Considering the list of works that were originally specified to be completed the provider was requested to confirm and provide evidence to HIQA that the premises that constituted the designated centre is in substantial compliance with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Regulation 28 Fire Precautions.

Each resident had a personal emergency evacuation plan (PEEP) and staff undertook simulated evacuation drills with residents; the recorded times were within the recommended time. However, the template for the recording of the drills was limited and did not include pertinent information such as the time of the drill, the names of the residents who participated or the escape route utilised (this list is not exhaustive).

The inspector saw that staff held open some fire doors with floor level wedges; staff said that the recently fitted self-closing devices posed challenges to some residents and inhibited accessibility for them. The person in charge had completed a risk assessment for the use of the door wedges; the risk assessment specified that they were removed at night-time. Consideration should be given to the provision of hold-open devices linked to the fire detection system for core fire doors, for example, the kitchen and communal area.

The inspector saw that the premises was visibly clean, hand sanitising gel was available and each wash-hand basin was equipped with a soap dispenser, disposable hand-towels and a pedal operated closed top bin.

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):
No actions were required from the previous inspection.

Findings:
There were measures in place to protect residents from harm and abuse; these included organisational and national policies and procedures, a designated person, risk assessments and staff training. The contact details of the designated person were prominently displayed and safeguarding was included in the agenda for the weekly house meetings.

Training records indicated and staff spoken with confirmed that they had attended safeguarding training. There was evidence that the provider did act to protect residents in response to any concerns raised by them or others on their behalf for their safety and welfare. There was evidence of the review of concerns and their management so as to identify required learning.

Families spoken with had confidence in the staff and in the quality and safety of the supports delivered; residents told the inspector that they were happy in the house; residents were seen to be confident in the presence of staff and to actively seek out assistance, support and reassurance from staff.

Training records indicated that all staff had attended training on the response to behaviours of concern. Records seen and staff spoken with confirmed that there were occasions when behaviours posed challenges to fellow residents and staff. However, there was some evidence to support that staff may not always have maintained a record of such incidents, particularly if they were resolved quickly. The support plan while it did contain some guidance on the prevention and response to behaviours did not adequately reflect what was discussed with the inspector or a multidisciplinary approach to behaviours so as to best support both the resident and staff. The area of behaviours deemed to be a challenge, their identification, prevention and management required review and a plan that incorporated recent assessment findings including difficulties in verbal comprehension that would be significant in terms of staff understanding and responses.

There were no reported and no evident restrictive practices.
Judgment:  
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 09: Notification of Incidents</th>
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<tr>
<td>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</td>
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Theme:  
Safe Services

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

Findings:  
The person in charge had knowledge of and accepted that it was her responsibility to submit notifications to the Chief Inspector, as prescribed by Regulation 31. Based on the records seen by the inspector any required notifications had been submitted

Judgment:  
Compliant

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<thead>
<tr>
<th>Outcome 10. General Welfare and Development</th>
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<tr>
<td>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.</td>
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Theme:  
Health and Development

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

Findings:  
There was evidence that residents led full and active lives and were engaged in social activities both within and outside of the organisation.

Day services were delivered on site and residents also participated individually and collectively in programmes delivered in the community. There was a strong general welfare, development and learning ethos to the programmes that residents engaged in such as those facilitated through local education resource centres. For example, residents participated in programmes that supported them to take responsibility for their general health and well-being such as healthy eating and cooking. Residents had been facilitated to attend literacy classes and computer classes; as appropriate there was a programme for enhancing life and social skills such as financial management. Residents
contributed to meteorological monitoring services; the measurement of levels of rainfall.

Each programme was evaluated as to its success and resident engagement with it. Residents had also successfully engaged with yoga, music therapy, woodwork and sculpture with finished products proudly displayed; the latter clearly demonstrated that skills and talents were identified and developed. If residents had not enjoyed or benefited from a particular programme it was not repeated.

As appropriate to their assessed needs and wishes, residents were supported to access both supported and paid employment in the community; this was clearly very important to residents spoken with. One resident gave very positive feedback on his participation in the Kerry Social Farming Project, the aim of which was to give adults with disabilities the opportunity to engage with farm families while exposing farm families to the abilities of persons with a disability.

**Judgment:**
Compliant

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

**Findings:**
There was evidence of good practice in the assessment of residents' healthcare needs and in supporting residents to access the required care and treatment. There was evidence of the monitoring of resident health and well-being on an on-going basis. However, adequate arrangements were not in place to ensure that an emergency and or rescue medicine could and would be administered to a resident if required in response to a medical emergency; given the risk identified an immediate action plan to address this was issued to the provider.

All of the residents attended the same local general practitioner (GP) practice. The person in charge said that this arrangement was acceptable to all of the residents. Records seen attested to timely, comprehensive, pro-active medical review and care. Each resident in addition to medical review as required, had an annual health check-up; there was evidence of regular blood profiling and annual influenza vaccination.

On a monthly basis staff monitored residents' vital signs (temperature, pulse and blood-pressure) and bodyweight. Staff spoken with were informed of residents' healthcare needs and the interventions required to ensure their well-being. This information was
set out in healthcare support plans that reflected residents' assessed needs, incorporated recommendations from reviews and, were updated as required to reflect changes.

As appropriate to their need, residents had access to other healthcare services such as chiropody, physiotherapy, psychology, cardiology, endocrinology, clinical nurse specialist, ophthalmology, retinal screening and dental review. The person in charge was a registered nurse in intellectual disability. A record of all referrals and reviews were maintained.

Based on assessed clinical needs there was one identified risk of medical emergency. There was a preventative plan that staff were familiar with and a clear preventative protocol for staff to follow; there was evidence that staff did follow the protocol. However, in the event that the protocol failed or could not be followed (for example if the resident was unresponsive), the inspector was advised that an emergency and or rescue medicine that was available could not be administered by staff with the exception of the person in charge. Given the risk to resident safety and wellbeing (the provider had itself assessed the risk as a red rated risk based on both likelihood and impact) the provider was issued with an immediate action plan to address this so as to ensure that the arrangements were in place to meet the assessed needs of each resident and to provide the appropriate healthcare for each resident. The provider responded promptly and positively to the immediate action plan.

The inspector saw that healthy eating and healthy food choices were integral to the routine of the centre and meals and meals choices were influenced by this. Residents were encouraged and supported to participate in both menu decisions and meal preparations.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
There were policies and procedures in place to guide the safe management of medicines.

All staff working in the centre administered medicines to residents; training records
indicated and staff spoken with confirmed that all staff had successfully completed medicines management training in 2016.

Medicines were supplied to residents by a community pharmacy in a medicines compliance aid; on delivery, medicines were checked by staff. Other procedures implemented by staff to support the safety of medicines administration included the review of each resident's medicines folder at morning handover and a weekly medicines stock reconciliation check.

The inspector saw that medicines were securely stored; a refrigerator specifically for medicines was also available. However, on the day of inspection, its temperature was higher than recommended; its temperature was monitored and previous measurements were adequate; this will require ongoing review and action if necessary.

The sample of prescription records seen by the inspector were current and legible, the maximum daily dosage of medicines prescribed as required (PRN) was stated; discontinued medicines were signed as dated as such.

Staff maintained a record of medicines administered; records seen reflected the instructions of the prescription.

The pharmacist was facilitated to meet their obligations to the residents under the relevant legislation and guidance; there was documentary evidence that the pharmacist had visited the service in January 2017.

The person in charge and staff spoken with confirmed that strict systems and protocols were in place for medicines related incidents; there were logged on the incident reporting system, reviewed and remedial actions if necessary were identified. The reported and recorded incidence and type of such incidents was not concerning.

A failing in relation to an emergency medicine is discussed in Outcome 11: Healthcare needs.

**Judgment:**
Compliant

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<thead>
<tr>
<th>Outcome 13: Statement of Purpose</th>
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<tr>
<td><strong>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.</strong></td>
</tr>
</tbody>
</table>

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The statement of purpose contained all of information prescribed by Regulation 3 and Schedule 1; the statement was kept under review as required by Regulation 3. The inspector was satisfied that the statement was an accurate description of the centre and the supports and services to be provided.

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):
No actions were required from the previous inspection.

Findings:
There was a clear management structure. All staff spoken with were aware of this structure and of respective roles, responsibilities and reporting relationships.

The person in charge worked full-time and was based in the centre Monday to Friday. The inspector saw that the person in charge was visible, readily accessible and known to both residents and relatives. The person in charge was suitably qualified in both intellectual disability nursing and management. The person in charge had previous management experience and was appointed to this centre in August 2015. The person in charge was clearly involved in the administration and operational management of the centre and was fully aware of her regulatory responsibilities. The person in charge was responsible for this designated centre, the affiliated day service and a further local day service and stated that she based herself in the designated centre; staff spoken with confirmed the availability, accessibility and support received from the person in charge.

On a day-to-day basis the person in charge had support from one of two assistant directors of services who were the nominated persons participating in the management of the centre (PPIMs). Both PPIMs were suitably qualified; both were registered nurses in intellectual disability nursing and between them held postgraduate qualifications in management, disability studies and train the trainer.

The person in charge attended the formal monthly management team meetings where
members of the senior management team were in attendance.

There was a management on-call system for weekends that staff were familiar with; the person in charge was available if necessary to staff during the week.

Unannounced visits and the annual review of the quality and safety of the care and services provided to residents as required by Regulation 23 had been completed and the reports were available for inspection. Comprehensive lines of inquiry that focussed on safety and quality were applied; action plans, timeframes and responsible persons were identified. The annual review sought and incorporated feedback from residents and families. While there was some evidence of repeat failings, overall a high level of compliance was evidenced. These HIQA inspection findings would indicate that actions were substantially addressed, for example in relation to resident’s personal plans and goals.

**Judgment:**
Compliant

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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:**
Suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.

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

Findings:
Documentation has been provided to HIQA confirming that the provider was in ongoing
discussions with the statutory body in relation to general funding and financial
challenges. There was an explicit commitment to address issues as they arose to ensure
the maintenance of services.

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

Findings:
There was evidence to that staffing levels, arrangements and skill-mix all required
review to ensure that they were based on and at all times met the assessed and
changing needs of the residents. The findings to support this statement are as follows:

From 17:30hrs to 09:00hrs and at weekends there was one staff on duty; sleepover
commenced at 22:30hrs for this staff. Staff spoken with said that this was challenging at
times for staff, for example if there was an incident or adverse event, and for residents
if there were different choices and preferences expressed by them. Staff said that in this
situation they negotiated with residents and sought mutual
agreement on what activity
and or outing everyone would participate in. The provider's own 2017 reviews of the
service had both concluded that evening and weekend staffing levels did not adequately
support individual and differing residents' choices and preferences in relation to social
events and outings.

The weekend sleepover duty commenced earlier rather than later than the weekday rota
(22:00hrs rather than 22:30hrs) and as such did not reflect the more relaxed weekend
routine that may be favoured by residents; residents had complained to this effect in
December 2016. The person in charge and the assistant director of services both
provided assurance to the inspector that sleepover staff always remained on duty and
got up when there were any concerns for resident safety and well-being.

With residents' increasing age and increasing needs, the stated purpose and function had changed from that initially envisioned and delivered, with residents now less engaged in outdoor activity and requiring additional staff support in their activities of daily living. The staff skill-mix still however reflected the original ethos and not the assessed needs of the residents, particularly in relation to personal and intimate care supports which some staff did not engage in.

The person in charge was actively involved in both the delivery and supervision of the services, care and supports provided to residents and while there were clear benefits to this, the person in charge said that it was challenging at times to meet both direct support needs and the operational and administration management of the service. There was some reported recent reduction in both cooking and housekeeping supports that had been available.

Staff files were available for the purposes of inspection. The sample reviewed was well-presented and contained all of the information required by regulatory requirements.

Records were maintained of completed staff training. These records indicated that all staff had completed fire safety training, safeguarding training and training in responding to and managing actual and potential aggression. Further completed training included medicines management, food hygiene, supporting residents with impaired swallow and first aid. There was evidence that the staff training reflected the assessed needs of the residents and included training on manual signing and supporting residents with diabetes.

The person in charge maintained a planned and actual staff rota. The person in charge said, and staff spoken with confirmed that a formal system of staff supervision had been introduced since the last inspection.

No relief, agency or volunteer staff were employed; the person in charge said that the regular staff worked any vacant shifts as they arose as their contracted hours allowed for this.

The feedback received from residents and relatives on staff, their general attitude and the quality of supports and services that they provided was positive.

Judgment:
Non Compliant - Moderate

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:**
The inspector was satisfied that 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 were in place, retrieved and made available to the inspector as requested.

**Judgment:**
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:**
Mary Moore
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-0001970</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>24 May 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 June 2017</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 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:

There were eight active red rated risks and 45 orange rated risks. Risks, their assessment and control required full review particularly in relation to the adequacy of the existing controls and the requirement for additional controls so as to reduce the level of identified risk to an acceptable and safe level.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
A full review of all red and orange risks, their assessments and controls has commenced where the existing controls and the requirement of additional appropriate controls will be implemented to reduce the level of identified risk to an acceptable and safe level. The risk register will be reviewed in line with the Risk Assessment Management Policy which includes emergency responses and the recording on the Xyea system. Staff have received training in completing risk assessments and the Person In Charge will monitor the risk ratings following the application of controls. Also risks are reviewed regularly as per the risk matrix by the PIC. Risk Management is discussed at Team Meetings and at Quality and Standard’s meetings.

**Proposed Timescale:** 23/06/2017  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Considering the list of works that were originally specified to be completed the provider is requested to confirm and provide evidence to HIQA that the premises that constituted the designated centre is in substantial compliance with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Regulation 28 Fire Precautions.

2. **Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
The original list of works submitted was to provide a higher level of specification as would be required for fire certification. Our contracted engineer has certified that the building is substantially compliant for fire safety and provides adequate arrangements for detecting, containing and extinguishing fires. See attached letter and follow up email from engineer.

**Proposed Timescale:** 21/06/2017  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The template for the recording of the drills was limited and did not include pertinent information such as the time of the drill, the names of the residents who participated or
the escape route utilised (this list is not exhaustive).

3. **Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
A new fire register log book has been developed and has been circulated to all areas where the required pertinent information is included.

**Proposed Timescale:** 20/06/2017

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The support plan while it did contain some guidance on the prevention and response to behaviours did not adequately reflect what was discussed with the inspector or a multidisciplinary approach to behaviours so as to best support both the resident and staff.

**4. Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**
A referral has been sent to the senior psychologist seeking a positive behaviour support plan on 13/06/2017. The psychologist, the resident and the staff team will develop a plan that supports all, support plans will be developed where any additional assessed needs are identified. This plan is to commence on 12/07/2017

**Proposed Timescale:** 12/07/2017

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**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that appropriate healthcare could be provided in the event of a medical emergency so as to ensure in so the safety and wellbeing of a resident. Staff were not trained to administer a rescue medicine to the resident.

**5. Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

**Please state the actions you have taken or are planning to take:**
All staff have received training on how to administer the rescue medication on 01/06/2017 and are now certified by PHECC to administer the rescue medication. The resident’s protocol on the administration of the emergency medication has been updated to reflect his assessed healthcare need.

**Proposed Timescale:** 01/06/2017

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staffing levels, arrangements and skill-mix all required review to ensure that they were based on and at all times met the assessed and changing needs of the residents.

6. **Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
A new roster is being developed to address skill mix in order to support the changing need, the team are to identify where additional levels of staff are required, and an application of funding will be submitted to the HSE for any additional staffing required. This application of funding will be submitted by 23/06/2017, the revised rota will commence on 03/09/2017

**Proposed Timescale:** 03/09/2017