



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

Issued by the Chief Inspector

Name of designated centre:	Listowel Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	18 January 2021
Centre ID:	OSV-0003429
Fieldwork ID:	MON-0031005

About the designated centre

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

This centre was established in 2004 to provide residential and respite services to persons with a disability in their own community. The centre is open and staffed on a 24 hour full-time basis. A maximum of six residents can be accommodated; five residents live in the centre on a full-time basis and approximately five additional residents currently access the respite service. The model of care is social and the staff team is comprised of social care staff and care assistants led by the person in charge. Nursing advice and support is available from within the providers own resources and staff support residents to access any other required healthcare service. The provider aims to provide a person-centred service and the support provided is informed by the process of individual assessment and consultation with residents and their families. The provider values and promotes community inclusion and supports residents to avail of the services and facilities of the busy local town (including its own day-service) and the surrounding areas. The premises is located on the outskirts of the busy local town a short commute from any required or desired services; transport is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 18 January 2021	10:00hrs to 16:30hrs	Lucia Power	Lead

What residents told us and what inspectors observed

Prior to the inspection the provider was given short-term notice that an inspection would be carried out. The provider had told the residents at a meeting that an inspector was due to visit their home, the person in charge told the inspector that the residents were happy to have the inspector visit their home.

When the inspector arrived to the centre the person in charge ensured all protocol was adhered to in relation to COVID-19 and while the inspector was signing in a resident welcomed the inspector to their home. The residents maintained social distancing at all times and had a very good awareness of why the inspector had to maintain this distance.

The inspector met all four residents on an individual basis in their own home. One resident was having their morning tea and was watching a movie on their electronic device. When a staff member came on shift it was observed that the resident became very happy and asked the staff member for a specific meal for later on in the day. The staff member was very respectful and it was evident that the staff member had a good understanding of the resident's wishes and the resident was very comfortable in the company of this staff member. Another resident was sitting in the kitchen area and had their own chair and table to work from, they showed the inspector a photo album which captured moments from this residents life. The resident did not use words to communicate, but clearly understood what the inspector was asking and used gestures and facial expressions to respond to the inspector's questions. Staff were very respectful and did not interrupt the resident but they encouraged from a distance. The resident was very happy to have a focal point in the kitchen area and it was observed that they enjoyed watching and listening to staff while at all times been included in the household engagements. Another resident was in a sitting room and was enjoying a table top activity, they told the inspector that the staff very good to them and they were happy in the centre, they also told the inspector that if they had a problem they could talk to the staff and that they were very happy to be living with the other residents.

One of the other residents was being supported in their bedroom with exercise and they were happy to meet the inspector in their room. The staff member left the room when the inspector came in to give the resident privacy. The resident did not use words to communicate, but used gestures and head movement to respond to the inspector's questions. They were very proud of the family photos displayed in their bedroom and was able to communicate to the inspector that they were very happy in their home and that the staff were very good to them.

The inspector observed very good interaction between all staff and residents on the day of inspection and observed staff been very respectful and engaging with residents in a personable and meaningful way, and also having fun with the residents.

Residents and staff told the inspector that family were very important to all the residents and that families keep in regular contact by phone and face time.

The person in charge advised the residents' representatives that an inspector was on site if any of them wanted to make contact. There was no contact made as the person in charge said families appreciated been asked but had no comments to make to inspector as they were happy with the service been provided

Capacity and capability

This centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There was a clearly defined management structure in the designated centre that outlined the lines of authority and accountability, specific roles and details of responsibilities for all areas of service provision.

The person in charge was full-time and had the qualifications, skills and experience necessary to manage the service. The inspector asked the person in charge to give an outline of each residents needs and an overview of the residents current situation. The person in charge was able to tell the inspector the supports given and required for each resident and demonstrated a very good understanding of the residents' needs. The person in charge also outlined how they managed the centre and the supports they provide to staff, they also outlined the support they receive from the provider.

The inspector reviewed the actual and planned rota and noted that it showed staffing on duty during the day and night, it also took into account the skill mix of staff and was in line with the staffing requirements outlined in the providers statement of purpose.

The person in charge went through the training of all staff with the inspector and it was noted that training was up-to-date, taking into account that some training is due to be completed and have organised online training to facilitate this.

The inspector reviewed the staff supervision schedule that was set for the year as this was an action from the previous inspection. The person in charge provided the inspector with copies of supervision notes and it was evident that such supervisions were been carried out.

The provider is required under regulation 23 as cited in the Health Act 2007 (as amended) to carry out an annual review of the quality and safety of care and support of residents in the designated centre. The inspector noted that that last annual review was carried out in December 2020 and this review covered a number of areas such as supports, restrictive practices, plans for 2021 and the required provider actions. The review however did not include consultation with residents or their representatives, which is a requirement under the regulation. The provider did

carry out an unannounced visit to the designated centre and the inspector reviewed the most recent unannounced provider visit dated July 2020.

Regulation 14: Persons in charge

The person in charge was full-time and had the necessary skills, experience and qualifications to carry out their role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training, including refresher training as part of their continuous professional development. The person in charge also ensured that staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The provider had also carried out an annual review of the centre, but had not consulted with residents and their representatives as part of this review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had provided in writing a statement of purpose containing the information as set out in schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure for residents which was accessible and easy read. There was no open complaints at the time of inspection.

Judgment: Compliant

Quality and safety

The provider delivers a good quality service to residents with a competent staff team in place to ensure residents received a service that was safe and person centred.

The inspector reviewed the residents personal plans and found the information contained in the resident's personal folders was detailed and person focused. For example there was photographs which gave an insight into the resident's lives and important events. There was good detail in relation to supports required thus giving further insight to the residents' social story. Regulation 5 cites that the person in charge carries out an annual review or more frequently if required, from review of the residents' files it was evident that this review was carried out and some meetings were carried out by video conferencing technology due to COVID-19, thus giving the residents' representatives an opportunity to be part of the resident's meeting.

Some of the goals identified for residents included hand hygiene training, meet a friend, have a daily activity, go on a holiday and have afternoon tea with a friend. Due to COVID-19 some of these goals could not be realised, but there was no evidence to support that the goals had been reviewed, taking into account changing circumstances. Also some of the goals identified would be part of the residents' daily activities and required review to ensure that the goal identified was developed through a person centred approach.

There was evidence of good health care detailing the supports required based on

the resident's current needs. The inspector reviewed a number of plans that supported the resident with their specific needs, for example nutrition, mobility, skin and tissue and breathing. The provider also supported residents to partake in the national screening process and this was documented in the residents' files. Some of the residents had issues with mobility which resulted in falls, the provider had completed a falls assessment where required and put supports such as aids to reduce falls, thus encouraging independence.

Due to COVID-19 the residents were unable to attend their day service which was within close proximity of their home, residents told the inspector they missed going to the day centre and missed seeing their friends. However the provider had put in place a weekly information guide titled at home newsletter for residents and this was circulated to their homes every week. This newsletter included updates from the services and also online events the residents could attend. For example, there was online baking, sing – along and drama, bingo, Zumba and chats with friends. There was also courses on offer which covered compassion, how to be kind to others and feeling good. The provider had also attached puzzles, copies of songs and other activities. Each resident had a weekly activity sheet with various choices of activities and each of these were reviewed with the resident and there was documented evidence stating the activities the residents participated in.

The provider has an information pack for all residents in their bedrooms and this contained their contract of care, easy read information on complaints, how to stay safe, easy read information on COVID-19 and goal sheets.

The provider had all their risk assessments on a computer programme called 'xyea', the inspector reviewed these risk assessments and noted individual risk assessments based on the needs of resident's and overall organisations risks, these were all updated and risk rated accordingly.

The provider had infection processes in place to mitigate the risk of infection. The inspector reviewed the providers COVID-19 contingency plan and guidance for staff in the event of a confirmed or suspected case. There was evidence of good infection control measures and all staff observed complied with these measures. The provider ensured all staff were trained in infection control and prevention, breaking the chain of infection, personal protective equipment and all staff had been assessed for hand hygiene techniques.

Regulation 13: General welfare and development

The registered provide provided each resident with appropriate care and support and residents had access to occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of the residents. The premises was of sound construction and kept in a good state of repair externally and internally.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that there was adequate provisions for residents and that each resident had access to properly cooked and wholesome meals, that offered choice and in line with residents dietary needs and preferences.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had provided each resident with a copy of information outlining the summary of the services, terms and conditions relating to residency and arrangements for the residents involvement in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider ensured that there was a risk management policy in place and that there was systems in place in the designated centre for the assessment, management and ongoing review of risk including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents who may be at risk of a healthcare associated infection were protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections. The provider had also in place guidance pertaining to COVID-19 and the updated guidance published by the health protection surveillance centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was effective fire safety management systems in place. The provider had carried out fire drills at suitable intervals and all personal evacuation plans were up to date in line with the residents needs. A letter has been signed by a fire competent person outlining that the current systems in place were in line with the building and fire standards.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment of need was carried out for residents and that the personal plan was subject to review on an annual basis. However the provider was required to review the goals taking into account the changing need in circumstances and be conducted in a manner that includes the residents wishes.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider ensured that each resident had a health care plan in place in line with their assessed needs and where medical treatment is required by the resident such treatment was facilitated.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provide ensured where restrictive practices were in place such practices were reviewed and all alternative measures were considered before a restrictive procedure was used.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each residents privacy and dignity was respected in relation to and not limited to his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultation and person information.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Listowel Residential Services OSV-0003429

Inspection ID: MON-0031005

Date of inspection: 18/01/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The organisation is developing a questionnaire for residents and their representatives that can be used to provide feedback for the annual review.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC will schedule a meeting with each resident and their keyworker to review goals in accordance with the residents’ wishes.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/03/2021
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with	Substantially Compliant	Yellow	31/03/2021

	the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/03/2021