

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Rathmore Residential Services
<b>Centre ID:</b>	OSV-0003430
<b>Centre county:</b>	Kerry
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Kerry Parents and Friends Association
<b>Provider Nominee:</b>	Maura Crowley
<b>Lead inspector:</b>	Mary Moore
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	12
<b>Number of vacancies on the date of inspection:</b>	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.

**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 un-announced and took place over 2 day(s).

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

From:	To:
20 February 2017 09:00	20 February 2017 20:00
21 February 2017 08:30	21 February 2017 16:00

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

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

**Summary of findings from this inspection**

Background to the inspection:

This inspection was the second inspection of the centre by The Health Information and Quality Authority (HIQA). The last inspection was undertaken in September 2015 and was the first inspection by HIQA of the service. This current inspection was undertaken to follow-up on the actions that had emanated from that inspection and to monitor on-going regulatory compliance so as to inform a registration decision.

The inspection was facilitated by the person in charge; the inspector also met with the frontline staff on duty and both of the nominated persons participating in the

management of the centre (PPIM); the provider representative attended verbal feedback at the conclusion of the inspection.

How we gathered our evidence:

Prior to the inspection the inspector reviewed the information held by HIQA in relation to this centre. This included documents submitted by the provider with the application for registration of the centre, the previous inspection findings and action plan and notice received of any incidents that had occurred in the centre. The inspector reviewed records including policies and procedures, fire and health and safety related records, and records pertaining to staff and residents.

The inspector met with all of the residents living in the centre at the time of this inspection. This engagement was guided by each resident and their choices and needs; some residents conversed freely with the inspector while others indicated their comfort and general demeanor through gesture and facial expression.

The inspector found residents to be engaged, informed and relaxed and they spoke freely of their plans for the day, their interests, their relationship with staff, their background and the importance of family and home, friendships and community links.

The inspector observed that residents and staff mixed easily with each other; the person in charge was readily accessible to all of the residents and some residents were clearly familiar with the members of the senior management team.

Description of the service:

The centre comprised of three houses within a short commute from each other where residential services both long-term and respite were provided to a maximum of 15 residents.

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The statement had been reviewed in January 2017; the inspector found that the service to be provided was as described in that document.

Overall Findings:

Overall the actions arising from the last inspection were implemented.

The provider had completed required fire safety improvement works.

There was a clear management structure and systems for the review of quality and safety of the care and services provided to residents. The person in charge was visible and accessible to residents, staff and families.

Residents had access as required to regular medical review and other required healthcare services; residents had access to a range of activities and opportunities both in and outside of the centre. Residents spoke positively of staff and the inspector's observations of staff and resident interactions were positive.

However, failings were identified and included the management of a complaint, the administration of some medicines, the assessment of needs and the progression of personal goals, the contract for the provision of care, the maintenance of all fire safety measures and the application and management of charges levied on some residents.

Of the full eighteen Outcomes inspected the provider was judged to be compliant in 13 and in moderate non-compliance with five. The findings to support these judgements' are discussed in the body of the report.

**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:**

It was evident from speaking with some residents and from the decoration of their personal space that faith and religious observance were important to them. One house was conveniently located to the church and facilitated ease of access for residents if they so wished; the local Eucharistic minister also visited the centre on a weekly basis.

The inspector saw that staff consulted with and communicated with residents on an ongoing basis. Formal residents meetings were also convened; the person in charge said that the frequency of the meetings met residents' needs and that some residents engaged very well with the meetings. Records seen indicated that nine such meetings were held in one house in 2016 and that staff also met individually with residents who did not want to engage collectively. Items discussed included planned activities, the menu, and complaints and safeguarding; each meeting followed up on what was agreed at the previous meeting.

There were policies and procedures on the receipt and management of complaints, these were displayed, were available to residents in an accessible format and discussed with residents at their resident meetings. The person in charge maintained a record of complaints received and their management; it was evident from these records that residents were supported to make complaints. Overall there was evidence of good complaints management.

However, there was one unresolved complaint from a resident, and while there was evidence of action taken by the provider this complaint had not been dealt with in line with the providers own policies and procedures in relation to communication of

outcomes and updates every 20 days where a complaint was not resolved; the complainant was clearly not satisfied.

The matter complained of was of significance to this resident and their perceived quality of life (as communicated to the inspector by the resident) and, was also reported to impact on other residents. Records seen indicated that the matter was ongoing for some time however, the resident's position had not changed. The matter was reflected in the resident's personal plan and personal outcomes and in the minutes of the residents meetings. The resident had formally complained twice most recently on the 2 February 2017.

The centre had an allocated transport vehicle however, the provider contracted a private transport company to provide transport in the centre, this meant some residents were required to pay for transport to their day services; . Based on what the inspector was told this was a standard charge that did not take into consideration each resident's individual circumstances.

It was not evidenced how residents could appeal the contributions they were required to pay or how there was equity in its application. For example persons who attended the day service paid less than half to attend the service than what residential residents paid to be transported to it. The requirement to pay for transport to their day service limited some resident's level of choice and control as to how they spent their personal monies. It was recorded at the residents meeting of December 2016 that a resident had raised the issue of the location of the centre which meant that transport was necessary to access the day service which the resident then had to pay for. A resident also told the inspector that they did not like having to pay for the bus to their day service.

One of the three houses that comprised the designated house had been refurbished; the specification included the installation of a high level of visual surveillance equipment. The inspector saw that there was surveillance of areas where residents would have an expectation of privacy including dining and communal areas. The house was unoccupied at the time of inspection, however, this equipment and the high level of it was discussed with the provider nominee as was the requirement for robust rationale and justification for its installation and intended purpose.

**Judgment:**

Non Compliant - Moderate

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Staff were aware of how each resident communicated their needs and choices. Residents presented with a broad range of communication ability from full expressive ability to non-verbal means of communication. How each resident communicated and the interventions required by staff to support effective communication were outlined in clear and precise communication plans.

The inspector observed no barriers to communication and staff were observed to respect the choices and decisions communicated by residents.

To support communication there was evidence of augmentative communication tools and strategies including manual signing, pictorial cues and a visual (photographs) staff rota.

Residents were seen to have good access to media including the weekly local advertiser.

**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:**

Records seen and staff and residents spoken with confirmed that positive engagement between staff and families was promoted and residents were supported to have ongoing contact with families, friends and the local community.

Some residents continued to enjoy visits home either on a day or more extended basis. Staff supported residents to have ongoing family contact by phone or by letter; one resident had been supported to gain computer skills and now had e-mail contact with a sibling who lived abroad.

Where friendships had developed between residents but they no longer lived together, perhaps because of changing needs, they were supported to maintain contact through visits; for example one resident returned to the centre on a respite basis to maintain the contacts they had developed there.



Some residents had personal photographs of family and family events that they shared with the inspector. Where residents had experienced loss and bereavement they were supported to manage this loss through counselling and visits to the grave if they so wished.

Staff recognised the benefit to residents of community participation and some residents spoke with great pride of their contribution to local fundraising initiatives.

Families were invited to and did attend the annual review of the resident's personal plan.

There were no restrictions on visits many of which were reported to be unplanned and unannounced; one resident ensured that visitors including the inspector signed the visitor's book. Given the location of one house staff said that the neighbours dropped in regularly for a social visit.

**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):**

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

**Findings:**

The inspector saw that the policy on admission, transfer and discharge to and from the centre had been reviewed and now included as required by Regulation 24 (1) (b), the need for admission procedures to protect residents from abuse by their peers.

Based on the sample of records seen by the inspector residents did have a written contract of care signed as agreed. The contract listed the fee to be charged for care and accommodation, the general terms of what residents were personally liable for, for example personal items, non-essential therapies and social events and the additional fee's that may be applicable, for example for day services and contracted transport.

However, the contract lacked the specifics of each individual resident's circumstances and arrangements, for example it was not clear from the contract if residential residents also paid for the day service (the provider nominee said that they did not). It was not clear from the contract that where the provider provided access to off-site facilities and opportunities for occupation, activities, education and employment as required by

Regulation 13(1)(2) and (4), some residents were required to pay for transport to the day service from their personal income or funds.

**Judgment:**

Non Compliant - Moderate

**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:**

Each resident had two files that outlined their needs, preferences and their required supports. One file, the daily file moved daily between services (residential and day service) to ensure continuity of supports and record keeping.

The files reviewed by the inspector were detailed and person centred in their approach and in the language used. What resident's liked and did not like was clearly stated as was how these preferences were to be respected by staff. The plans demonstrated that they were the subject of review.

Records seen indicated that each resident had an annual review of their personal outcomes; family and members of the multi-disciplinary team were invited to attend.

However, while the plan and supports were reviewed and the review to a degree captured changes in needs, there was no comprehensive assessment of the health, personal and social care needs of each resident at a minimum, on an annual basis.

Consequently the plan of support was led by existing supports rather than the comprehensive assessment of the resident and their current and evolving needs. Identified gaps where there was a lack of clarity in the plan as to current needs and supports included continence promotion, optical review and mobility.

There was a pattern of duplication and some inconsistent dating of records.

There was a process for agreeing with each resident their personal goals and objectives

and what was agreed was recorded. However, there was poor or no evidence of the progress of some goals agreed in September 2016 nor evidence of any obstacle to their progression in the intervening period.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

The designated centre comprised three houses at separate addresses within a short commute of each other either in or on the outskirts of a small county town.

One unit was single storey and purpose built, constructed in 2012, set back slightly from the main road and provided accommodation for nine residents. The size and layout of the premises was in keeping with the statement of purpose and appropriate to the needs of the residents. This unit was well maintained and decorated and homely and welcoming in presentation.

Accommodation was provided in single bedrooms; one bedroom was for respite provision only; all bedrooms had access to en-suite toilet facilities; two bedrooms had full en-suite facilities including a universally accessible shower. There were two further bathroom/shower rooms fully equipped to meet the needs of residents and additional toilets conveniently located to the communal areas.

The dimensions of rooms, corridors and communal areas were seen to be suitable for the use of assistive equipment where necessary.

Residents had access to a comfortable communal sitting area and another separate 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 to accommodate specialised seating. There was an appropriately equipped laundry facility that offered sufficient space for the segregation of clean and soiled linen.

Residents had access to a pleasingly landscaped secure outdoor area.

The second house accommodated four residents and was located in the heart of the local village; residents told the inspector how much they enjoyed the location of this house. While this house was of older construction it was well maintained, homely in presentation and clearly seen as home by the residents. The provider had since the last inspection completed remedial works and the premises was suitable in design and layout to meet the assessed needs of the residents.

The premises was two-storey; each resident was provided with their own bedroom one of which was located on the ground floor and had full en-suite sanitary facilities. The remaining residents (one room was used to provide intermittent respite) had a bedroom each on the second floor with access to a shared bathroom facility that had been refurbished to include a toilet, wash-hand basin and shower. There was an additional fully refurbished universally accessible bathroom available on the ground floor.

Adequate communal space included a bright conservatory to the front of the house that was evidently enjoyed by residents and a further pleasant communal area to the rear of the house which was used for activities and watching TV. This room led out onto a large, enclosed garden area. Again this house had a well equipped kitchen, adequate and pleasant dining space was provided. Facilities were available for personal laundry.

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. This house had since the last inspection undergone a substantial programme of refurbishment and was unoccupied with plans to initially support a single resident. The premises had been refurbished and finished to a high standard. One bedroom was located on the ground floor and had en-suite fully accessible sanitary facilities. Further accommodation included a pleasant communal room, dining room, a compact but adequate kitchen, a further upstairs bathroom and two further bedrooms.

Overall the premises met regulatory requirements and offered adequate space and the appropriate facilities to accommodate two residents.

**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:**

The health and safety statement had been reviewed and was valid to December 2017.

The person in charge maintained an electronic register of risks for each of the three houses that comprised the designated centre and for each resident living in the centre. Based on the sample of risk assessments reviewed by the inspector the identified risk controls were specific to the organisation, the centre and each resident. The risks and their controls as specifically required by Regulation 26, that is for example risk of unexpected absence, were included in the register of risks.

Each house had a safety representative amongst the staff and the organisational quality and standards committee met monthly; the person in charge attended these meetings.

Residents were seen to be supplied with the equipment necessary for their care and comfort and records seen indicated that these were as necessary resident specific, for example equipment for moving and transfer. Hoists were seen to have been serviced in line with legislative requirements and most recently in February 2017.

Since the last inspection the provider had completed works to ensure that there were effective fire safety management systems in place. Evidence was provided to HIQA that the works had been completed to the required specifications as outlined in fire safety audits and in granted fire certificates as they applied to each house.

Each house was serviced by emergency lighting, an automated fire detection system, readily available fire fighting equipment, manual call points and fire doors with self-closing devices. Certificates were available for the inspection and servicing of the fire detection system and the fire fighting equipment; staff completed in-house checks of fire safety measures. There were no certificates available confirming the inspection and maintenance of emergency lighting systems to the required standard by a qualified contractor; these were however subsequently submitted to the inspector by the provider.

Fire action and diagrammatic evacuation notices were prominently displayed and escape routes and final exits were clearly indicated. Final exits were however fitted with a mixture of easily released push-bars and manual key operated locks. The latter required risk assessment and the identification of controls, as relevant to each house, to ensure that in the event of an emergency there was ready access to the required key, for example a key in a secure key box.

The inspector observed some limited usage of door wedges to hold open fire doors.

Staff completed with residents simulated fire drills and each resident had a personal emergency evacuation plan (PEEP). Staff recorded the time of each drill, who participated, any obstacles to effective evacuation and the time taken to evacuate or move to a compartment; the times recorded indicated that adequate evacuation times were achieved. Where difficulties were encountered records seen indicated that these were discussed with residents as was the importance of responding to the fire alarm.

Staff spoken with confirmed their attendance at fire safety training. However, staff training records indicated and the person in charge confirmed that there were two gaps in staff attendance at fire safety training.

**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):**

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

**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, plans of support and staff training. Further measures described by the person in charge included the development of resident's skills for self-protection through discussion of safeguarding and the making of a complaint at the residents meetings, the development of "solid" key-worker arrangements and a regular throughput of external parties to the centre.

Staff confirmed that they had attended safeguarding training and that they had no knowledge of any alleged, suspected or reported abuse in the centre. Staff said that they would have no hesitancy in reporting any concerns to the person in charge. Residents, who could, told the inspector that staff were very good to them and that they were comfortable with all of the staff.

Support plans were in place for supporting residents who required assistance with personal and intimate care.

Some residents did present with behaviours that challenged or posed risk to themselves or other residents and staff. There were risk assessments and positive behavioural support plans in place to both prevent and manage the behaviours. The inspector saw staff to implement the recommended interventions. Residents had as appropriate support from psychology and psychiatry.

There was a process for identifying and maintaining oversight of restrictive practices

including the use of any PRN (as required) medicines; these were minimal.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were policies and procedures in place for the management of accidents, incidents and adverse events that occurred in the designated centre. The inspector reviewed a sample of the records generated electronically by staff in relation to such events and saw that each incident was well recorded and was reviewed by the person in charge.

There was a quality and standards committee that met monthly and also reviewed accidents and incidents and identified any further learning required to prevent a reoccurrence.

The person in charge had sound knowledge of the events that required notification to HIQA as prescribed by Regulation 31; based on the records seen on inspection no deficits in these returns were identified.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents presented with a broad range of needs and abilities and were seen to be in receipt of a variety of activities and opportunities for engagement both in the centre and off-site in the day service.

For example the inspector saw that staff or other persons came to the centre and completed with residents a range of activities such as arts and crafts, music and reflexology. The inspector saw that these activities were delivered in line with the resident's choices and preferences. Residents had access to work experience and employment and contract work in the centre for which they were paid; this was evidently important to residents. Some residents attended the provider's day service while others attended other community based programmes. In these services residents engaged in social skills programmes, computer classes, advocacy and training such as first-aid.

Staff spoken with said and residents confirmed that at weekends staff worked together between each house to ensure that residents accessed the local community for shopping, meals out or attending the hairdresser or beautician. Staff described the local community as inclusive and supportive.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Based on records seen and the inspectors own observations staff monitored each residents well-being and supported residents to have access to timely medical review by their preferred General Practitioner (GP). Based on residents individual preferences staff were accessing three different GP practices all of whom were described as supportive of residents needs and wishes.

During the inspection the inspector saw that staff supported residents to attend scheduled medical appointments; this support included assisting the resident to complete a list of questions that the resident wanted to ask the clinician to be visited.

As appropriate to their needs residents had access to healthcare services including occupational therapy, speech and language therapy, physiotherapy, neurology,



psychiatry, psychology, chiropody, optical and dental review. Nursing input was available from within the skill-mix of the centre and from the community nurse if necessary.

Staff monitored resident health and well-being through observation and monitoring for known signs and symptoms of illness and through the use of measures such as regular monitoring of body weight and vital signs (temperature, pulse and blood pressure).

The inspector saw that staff freshly prepared residents meals daily. The meals presented were seen to be appealing and nutritious, prepared in line with any specific requirements and enjoyed by residents.

**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):**

No actions were required from the previous inspection.

**Findings:**

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

The person in charge told the inspector that staff only administered medicines to residents after the successful completion of training; the training included the administration of medicines prescribed to be used in emergency situations. Training records seen indicated that staff employed had attended training in 2015 and 2016. Staff spoken with confirmed that they had completed recent refresher training.

Medicines were supplied to residents by a community pharmacy in a medicines compliance aid; on delivery medicines were checked by the nursing staff. Facilities were in place for the secure storage of medicines; these facilities included a refrigerator specifically for medicines; its temperature was monitored.

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

Residents also had medicines administration protocols for the administration of medicines required in emergency situations. Staff maintained a record of medicines administered; records seen reflected the instructions of the prescription.

The person in charge and staff spoken with confirmed that strict systems and protocols were in place for medicines related incidents; remedial actions included staff re-training and supervision.

Staff maintained records signed and verified by the pharmacist of all medicines supplied by and returned to the pharmacy.

However, the person in charge confirmed that some medicines were administered in an altered format (crushed) and medical authorisation was not in place for this practice.

**Judgment:**

Non Compliant - Moderate

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

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 accurately described 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):**

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

**Findings:**

There was a clear management structure in place. All staff spoken with were aware of 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 and readily accessible to both residents and staff and actively involved in both the delivery and supervision of the services, care and supports provided to residents. The person in charge was suitably qualified and held both core and postgraduate qualifications in nursing and management. The person in charge had established experience in that role within the organisation and in this particular centre since 2014. The person in charge was clearly involved in the administration and operational management of the centre and was fully aware of her regulatory responsibilities.

On a day to day basis the person in charge was supported by one or the other of the assistant directors of services who were the nominated PPIM. Both PPIM 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 confirmed that she had support and access as required to both PPIM and to the nominated provider. In addition formal monthly management team meetings were held; the person in charge said that these were pro-active and a good forum for shared discussion and learning. The senior management team also met monthly and the PPIM confirmed that at these meetings they brought the issues from the management meetings to the attention of senior management.

The person in charge convened staff meetings in each house and there was a formal system of staff supervision. The person in charge said that the focus of supervision was yes to address issues that may arise but also to support and develop staff skills and confidence to meet to changing and increasing needs of residents. Staff confirmed that they were supported at all times by the person in charge.

There was a recently introduced 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. There was evidence of learning from previous HIQA inspections as to the completion of these reviews; comprehensive lines of inquiry were applied, action plans, timeframes and responsible persons were identified. The annual review sought and incorporated feedback from residents and families.

**Judgment:**

Compliant

**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:**

The provider was clear on its requirement to notify the Chief Inspector of any expected or unexpected absence of the person in charge and of the arrangements in place for the management of the centre in the absence of the person in charge. The person in charge confirmed that there had been no such absence but if there was the PPIM would assume overall responsibility for the management of the centre.

**Judgment:**

Compliant

**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 was provided to HIQA from the provider confirming that the provider was in ongoing discussions with the statutory body in relation to general funding and financial challenges. There was a 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):**

No actions were required from the previous inspection.

**Findings:**

Based on what the person in charge and staff spoken with said, and the inspectors own observations, staffing levels and arrangements were currently adequate to meet the number of and the needs of the residents. One house was unoccupied and the nominated provider confirmed that this house would not be staffed from the existing staffing complement and would not be occupied until the required staffing was available.

The person in charge said that additional staffing was made available when some residents availing of respite services were in the centre depending on their assessed needs. The person in charge also told the inspector that she was monitoring weekend staffing levels and a business case had been prepared for additional staff. However, this was described as a pro-active measure rather than in response to a particular identified deficit.

Staff spoken with said that while the weekends were busy, staff from the two houses worked together so that residents' primary care needs were met but also so that residents had the opportunity for social engagement outside of the centre. The person in charge said that she was confident that staffing levels were adequate to ensure that resident' needs were met to the required standard and that this was monitored by her on a continuous basis.

Staff files were available for the purposes of inspection. The sample reviewed was well presented and complied with regulatory requirements.

Records were maintained of completed staff training. These records indicated that all staff had completed safeguarding training and training in responding to and managing actual and potential aggression. Further completed training included medicines management, food hygiene, nutrition and supporting residents with impaired swallow, first aid, communication and completing incident reports. Staff held core relevant qualifications as evidenced by certificates seen in social care and healthcare support.

Deficits in fire safety training have been addressed in Outcome 7.

**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):**

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

**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 and were retrieved and made available to the inspector as requested.

The provider had reviewed and updated many of its policies and procedures and the most recent version of policies was the version in use and available for inspection.

Core policies, that is safeguarding and complaints management, were referenced to national policy and were made available to residents in an accessible format and discussed with residents.

**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

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by Kerry Parents and Friends Association
<b>Centre ID:</b>	OSV-0003430
<b>Date of Inspection:</b>	20 and 21 February 2017
<b>Date of response:</b>	21 March 2017

**Requirements**

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

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

**Outcome 01: Residents Rights, Dignity and Consultation**

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

One of the three houses that comprised the designated house had been refurbished; the specification included the installation of a high level of visual surveillance equipment. The inspector saw that there was possible surveillance of areas where residents would have an expectation of privacy including dining and communal areas.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.



**1. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**

All the internal cameras will be removed.

**Proposed Timescale:** 31/03/2017

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some residents were required to pay for transport to their day services. This was a standard charge that did not take into consideration each resident's individual circumstances, for example where the only income was disability allowance, so as to ensure that the resident when all charges were paid had sufficient funds left from their income to meet other reasonable needs. It was not evidenced how residents could appeal the contributions they were required to pay or how there was equity in its application. The requirement to pay for transport to their day service limited some resident's level of choice and control as to how they spent their personal monies.

**2. Action Required:**

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

**Please state the actions you have taken or are planning to take:**

All payments for transport to the day services from residents have been stopped.

**Proposed Timescale:** 22/03/2017

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was one unresolved complaint from a resident, and while there was evidence of action taken by the provider this complaint had not been dealt with in line with the providers own policies and procedures in relation to communication of outcomes and updates every 20 days where a complaint was not resolved; the complainant was clearly not satisfied.

**3. Action Required:**

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed

promptly of the outcome of their complaints and details of the appeals process.

**Please state the actions you have taken or are planning to take:**

Letter was sent to the complainant on 17/02/2017 outlining the process of how the complaint would be managed.

Meeting has been arranged with the HSE Placement Officer for 21/03/2017.

Outcome of the meeting: an assessment to be arranged with another service provider to determine the residents' suitability for a move to an alternative service as requested. The complainant will be kept informed of the process with updates every 20 days until resolution of the complaint.

**Proposed Timescale:** 31/05/2017

**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 contract lacked the specifics of each individual resident's circumstances and arrangements.

**4. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**

The contracts have been updated to include all specific details for the provision of services and where appropriate the fees to be charged.

**Proposed Timescale:** 22/03/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

There was poor or no evidence of the progress of some goals agreed in September 2016 nor evidence of any obstacle to their progression in the intervening period.

**5. Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those

responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**

All care plans to be reviewed and more oversight of each personal plan to ensure that ongoing progress on goals is being recorded. Where goals are not achievable record the reason and agree alternative goals. Named key workers are responsible for monitoring goals within agreed timescales.

**Proposed Timescale:** 15/06/2017

**Theme:** Effective Services

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

There was no comprehensive assessment of the health, personal and social care needs of each resident at a minimum, on an annual basis.

**6. Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**

Review of all care plans and the inclusion of a comprehensive assessment of the health, personal and social care needs of each resident as required under regulation 5(1) (b) will be undertaken.

**Proposed Timescale:** 15/06/2017

**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 two confirmed gaps in staff attendance at fire safety training.

**7. 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:**

The two staff are scheduled to complete fire safety training.

**Proposed Timescale:** 10/04/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The inspector observed some limited usage of door wedges to hold open fire doors.

Some final exits were fitted with manual key operated locks. These required risk assessment and the identification of controls, as relevant to each house, to ensure that in the event of an emergency there was ready access to the required key.

**8. Action Required:**

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

**Please state the actions you have taken or are planning to take:**

Risk assessment completed and Key holder units to be installed at final exits to ensure ready access out in case of an emergency.

**Proposed Timescale:** 04/04/2017

## **Outcome 12. Medication Management**

**Theme:** Health and Development

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

Some medicines were crushed for ease of administration without individual authorisation from the prescriber.

**9. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**

Authorisation has been obtained in writing from the GP to crush the medicine concerned.

**Proposed Timescale:** 22/03/2017