



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

Issued by the Chief Inspector

Name of designated centre:	Listowel Respite Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	02 October 2020
Centre ID:	OSV-0005683
Fieldwork ID:	MON-0030417

About the designated centre

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

This designated centre is comprised of two single storey houses in separate locations. Respite supports and services are provided in both houses; over 40 residents currently access the service and a maximum of seven residents can be accommodated at any one time. The service is open on a full time basis; both planned and emergency respite is facilitated and a broad range of needs including higher physical needs are accommodated. Each house is staffed by a team of social care staff and care assistants; the centre is managed and supervised by the person in charge who is a registered nurse. The person in charge also co-ordinates the respite service itself and the general operation of the centre reflects individual resident respite needs and requirements, for example occupancy and compatibility of needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

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
Friday 2 October 2020	09:30hrs to 15:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

The inspector met with the 3 residents receiving respite on the day of inspection. The residents were very articulate and were able to converse clearly with the inspector. The residents were going about their day and two residents were getting ready to go out on a shopping trip. They spoke very positively about the centre and the staff and said they looked forward to coming in and did lots of activities with staff.

The inspector was present when staff were verbally supporting one resident at lunchtime to prepare food. The resident spoke about favourite foods which had been bought by staff which indicated that they knew the resident well. The resident was facilitated with respect and dignity and it was obvious to the inspector that this was the regular practice.

The inspector spoke with one resident who told me that they slept really well when they were in the centre and this was hugely important to them as they did not sleep well at home due to neighbourhood noise. They said this meant they felt safe in the centre. The inspector spoke with another resident during the morning and they said that they were very happy coming in for respite because they got to go out a lot to the cinema, for coffee or lunch. The centre was very homely and the residents were very comfortable in the presence of staff. Interactions between staff and residents were relaxed and respectful.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to residents was to a good standard and ensured that their assessed needs were met at all times. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about residents assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the residents. The inspector reviewed the actual and planned rota which indicated continuity of care from a core staff team. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents' assessed needs and were had a good

knowledge of the residents' social stories.

The inspector noted evidence of communication to staff, updates recorded from staff meetings and other records highlighting the importance of support strategies. It was also evident that the service manager communicated with families and updated them on the progress of the residents, especially during the COVID-19 pandemic.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training. Discussions with staff demonstrated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, medication management, positive behaviour management, fire safety and infection control. Access to regular training opportunities ensured that staff practices at the centre were in line with both the provider's policies and current developments in health and social care.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in July 2020 and a review of the quality and safety of service was carried out in January 2020. This audit reviewed the service user views, staffing, restrictive practices, quality and safety, safeguarding and an analysis of incidents. These audits resulted in action plans being developed for quality improvement and actions identified had either been completed or were in the process of being completed. For example one action was to review residents plan, this was complete on the day of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured an application to renew to the registration of the designated centre was submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had an actual and planned rota which was in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training.

Judgment: Compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were carried out. The provider had also undertaken unannounced inspections of the service on a six monthly basis and a self assessment of the quality and safety of service was carried out in January 2020.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the

designated centre.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary. For example when residents were coming in from home they had to complete a COVID-19 checklist.

The provider had ensured that there was a comprehensive needs assessment in place for residents. From a sample of the files reviewed the inspector noted that the residents' family were involved in the process. The assessment of need was comprehensive and included review of the residents communication needs and decision making capacity. The staff were able to tell the inspector of the supports and strategies put in place for residents and how they were implementing such supports. Residents were supported to achieve their personal goals although these had been subject to changes due to the effects of COVID-19 public health restrictions. However, following the easing of public health restrictions, residents were beginning to access their local community again.

Appropriate user friendly information with visuals was provided to the residents to support their understanding of COVID-19 and the restrictions in place. All residents had access to television, newspapers and radio.

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. The centre was clean and warm and appropriate measures had been adopted during the pandemic such as covers had been bought for the sofas in the communal sitting room so that they could be easily washed after each group had been to stay.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. The person in charge had ensured that the risk control measures were proportional to the risk. In this sense residents were still able to engage in activities such as walks or a meal out. Staff were observed to wear masks and practice appropriate hand hygiene during the inspection. There was also a one system in and out for staff and a dedicated

donning and doffing area or removal of personal protective equipment.

The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 alarm system in place. The inspector reviewed evacuation drills and found that they indicated that all residents could be safely evacuated in under a minute.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with one staff member regarding safeguarding of residents, the staff member was able to clearly outline the process of recording and reporting safeguarding concerns.

Regulation 10: Communication

Appropriate user friendly information with visuals was provided to the residents to support their understanding of COVID-19 and the restrictions in place. All residents had access to television, newspapers and radio.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability, assessed needs and their wishes.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were designed and laid out to meet the needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that effective fire management systems were in place in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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	Compliant
Regulation 8: Protection	Compliant