



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

Issued by the Chief Inspector

Name of designated centre:	Killarney Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	20 January 2020
Centre ID:	OSV-0003428
Fieldwork ID:	MON-0025684

About the designated centre

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

The centre is comprised of four houses located within the general environs of the busy local town and the provider's main day service and administration building. Three houses are in residential areas, the fourth is in a more rural location. Residential services are provided to 16 residents across the four houses and a respite service is provided in one house to one additional resident at any one time; approximately 17 residents avail of this respite service. A team of social care staff led by the person in charge provide support to residents on a 24 hour basis; the night-time arrangement in each house at the time of this inspection was a sleepover staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
--	----

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 20 January 2020	10:00hrs to 18:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

The inspector met with six residents who resided in the designated centre and observed them in their homes, Not all of those met directly indicated their views on the services they received, they were observed in their environments and in their interactions with staff members on duty while some residents did speak with inspectors. Those that spoke with the inspector indicated that they were happy in the centre and felt safe there. One resident showed the inspector their bedroom and was very proud of it, it was decorated with family photos and personal items and very clean and cosy. The resident explained they had two recent bereavements and told the inspector about the the good support from staff. The resident said the staff talked to them and were kind, and they visited the graves with staff and went out to coffee shops.

Other residents were observed interacting with staff in a very positive manner, joking and laughing with them. Not all of the residents could communicate verbally but through their body language and expressions they indicated that that they were satisfied with the care and support provided. The residents were returning from day service and the inspector observed them having a snack and discussing what they were going to have for supper. The residents were supported in all daily living tasks in a very person centred way which promoted their independence. All interactions with staff and support given was carried out in a very respectful manner.

Capacity and capability

Governance and management systems were in place in this centre, and there were clear lines of accountability and responsibility.

The centre had a clearly defined structure which included a suitably qualified and experienced person in charge. The person in charge worked full time, was present regularly and was always accessible to the staff. They had good oversight of the operational management of the centre and were effective in their role as person in charge. A range of audits were in place. The provider had undertaken one unannounced inspection of the service in the previous six months basis and an annual review of the quality and safety of service was carried out in January 2020. However the provider had failed to carry out a second six monthly unannounced inspection in the previous twelve month period. The audits completed resulted in action plans for improvement of services however records indicated that these actions were not consistently and effectively monitored.

Staff spoken with on the day of inspection had a good knowledge of the residents'

needs. Interactions observed with residents, showed that care and support was provided in-line with the residents' assessed needs and in a person centred manner. The inspector observed staff members supporting a resident with daily activities and the resident was facilitated in a dignified manner that promoted their independence. The inspector noted that staff members were very good at interpreting the residents needs and supported them in an individualised manner.

The registered provider had a planned and actual roster in place and this was in line with the statement of purpose. The registered provider also maintained records of the information and documents in relation to staff specified in Schedule 2 including references, qualifications and garda vetting.

The person in charge had a training matrix in place for the inspector to view. However the inspector found some gaps in mandatory training such as fire safety. The person in charge committed to addressing this immediately. The provider has ensured that the person in charge was in receipt of supervision and this cascaded to the staff in the designated centre.

The registered provider maintained a directory of residents in the designated centre which included the date the resident was admitted to the centre and the body responsible for the referral.

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 course of the inspection the inspector viewed notifications and it was clear that the person in charge had notified the Office of the Chief Inspector of all incidents that occurred in the designated centre.

There were no open complaints at the time of inspection. The registered provider had arrangements in place which ensured that both residents and their representatives were aware of their right to complain about the care and support provided. Where complaints had been received, the provider had been responsive ensuring that the complaint was investigated and the outcome recorded.

Regulation 14: Persons in charge

A suitable person in charge was in place who was responsible for this designated centre, worked full-time and had the necessary skills, experience and qualifications to meet the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had a planned and actual roster in place and this was in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix in place for the inspector to view. However the inspector found gaps in mandatory training such as fire safety. The person in charge committed to addressing this immediately.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre which included the information specified in Schedule 3.

Judgment: Compliant

Regulation 21: Records

The registered provider had maintained records of the information and documents in relation to staff specified in Schedule 2

Judgment: Compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were in place. The provider had undertaken one unannounced inspection of the service in the previous six months basis and an annual review of the quality and safety of service was carried out in January 2020. However the provider had failed to carry out a second six monthly unannounced inspection. The audits completed resulted in action plans for improvement of services however records indicated that these actions were not consistently and effectively monitored.

Judgment: Substantially 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 Office of the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of inspection. The registered provider had arrangements in place which ensured that both residents and their representatives were aware of their right to complain about the care and support provided.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the residents' was very good. The health and well-being of the residents' was promoted in the centre. The residents were noted to be very happy in their home and with the staff and management working in the designated centre.

The inspector found that the assessments of the residents' health and social care needs were completed to a good standard and were effective in meeting the needs of the residents. There was a staff member (a key worker) identified to support each resident. However support plans had not been reviewed in the required time frame and reviews did not sufficiently assess the effectiveness of the

plans. Some identified goals for residents were functional in nature and required greater clarity and progress tracking.

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual preferences and dietary needs. However one resident who required support at mealtimes and had a support plan in place for this, required it to be reviewed more regularly.

Residents were being supported to access allied health professionals where required such as dieticians, psychologists and general practitioners. Information on supporting residents' health needs was available in their personal plans along with hospital passports that contained key information in the event that residents had to go to hospital.

The residents who had communication assessments were supported and assisted to communicate in accordance with their needs. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents' from abuse. There was one formal safeguarding plan in place which was noted to be adhered to. Staff were facilitated with training in the safeguarding of vulnerable persons.

The centre had a good medicines management system to support the residents' needs. There was evidence of review of residents' medical and medicines needs.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of day service, community facilities and amenities. The residents had access to recreation facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. The residents regularly went to their local cafes and restaurants. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection, alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place approximately every six weeks.

The residents had their own bedrooms, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was warm and personalised with photographs and other items.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to

be positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. There were arrangements in place for the investigation of and learning from adverse events.

There were systems in place and supports available to manage behaviour that challenges in the designated centre. Inspectors noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

Regulation 10: Communication

Residents were supported to communicate in accordance with their assessed needs. All residents had access to Internet and television.

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 and assessed needs and their wishes. All residents' had access to day service and opportunities to participate in activities in accordance with their capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that overall the residents' home was warm and personalised with photographs and other items. It was clean and maintained to a good standard.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome

and nutritious meals which were consistent with each resident's individual preferences and dietary needs. However one resident who required support at mealtimes and had a support plan in place for this required it to be reviewed more regularly.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

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

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place six weekly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices in place in relation to the ordering, storage, dispensing, prescribing, administration and disposal of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Arrangements were in place to meet residents' health, personal and social needs. Residents had individual personal plans which were informed by comprehensive assessments of needs. However these plans had not been reviewed in the required time frame and reviews did not sufficiently assess the effectiveness of the plans.

Some identified goals for residents were functional in nature and required greater clarity and progress tracking.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported to access allied health professionals where required such as dietitians, psychologists and general practitioners. Information on supporting residents' health needs was available in their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required residents had positive behaviour support plans in place outlining the supports they needed in this area. Staff members spoken with had a good understanding of such plans. Relevant training had also been provided.

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. There was one formal safeguarding plan in place which was noted to be adhered to.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of the residents were respected including age, race, ethnicity, religion and cultural background.

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Killarney Residential Services OSV-0003428

Inspection ID: MON-0025684

Date of inspection: 20/01/2020

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Gaps in fire training have been addressed and staff have been assigned relevant fire e-training. This will be completed by 10/03/2020.</p> <p>Manual handling and First Aid training scheduled for March 2020 for staff overdue this training. MAPA Training is scheduled for staff that require same.</p> <p>Training to be addressed at staff supervision.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Two Provider audits are scheduled for Killarney Residential services in 2020. The service provider will ensure that all provider audits are completed in line with regulation.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>A residents support plan which had not been reviewed within the appropriate time scale was addressed at team meeting 23/01/2020, minutes available and all files have been reviewed as per team meeting and report. Mealtime support plan reviewed as required in January 2020. All support plans will be reviewed 6 monthly or more frequently if required, timetable of review dates has been put on staff board and to be addressed at staff supervisions and team meetings as an agenda item.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p>	

All pcp files were addressed at team meeting on 23/02/2020 as per team meeting minutes. Since 23th January all files have been reviewed and are in order. All individual support plans will be reviewed 6 monthly or more frequently if required. Each resident's assessment of need will be reviewed annually or more frequently if there are changes to a residents needs.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	22/03/2020
Regulation 18(3)	The person in charge shall ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.	Substantially Compliant	Yellow	22/03/2020
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered	Substantially Compliant	Yellow	31/03/2020

	<p>provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.</p>			
Regulation 05(2)	<p>The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).</p>	Substantially Compliant	Yellow	22/03/2020