



# 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:	Short Notice Announced
Date of inspection:	14 April 2021
Centre ID:	OSV-0003428
Fieldwork ID:	MON-0032597

## About the designated centre

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

The designated centre is comprised of two separate houses located in residential areas of a large town. Both houses provide full-time residential services to male and female adults. One house has four individual bedrooms - one with an en-suite and one staff sleepover room / en-suite / office. This house also has a sitting room, a living room, an activities room, a large kitchen / dining room, a laundry room, a boiler house and an external storage room. There are two bathrooms. This house has a large garden front and rear. The second house has four residents bedrooms - one with an en-suite and a staff sleepover room / office / en-suite. There is a large kitchen and dining room and a large sitting room. There is an external boiler house and gardens to the front and rear. 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:

6

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
Wednesday 14 April 2021	09:00hrs to 16:00hrs	Michael O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector visited both houses on the day of inspection and met and spoke with the six residents, one family member by telephone and six members of staff. In line with current public health guidelines, all areas were well ventilated and the inspector and staff members wore face masks. The majority of documents reviewed had been requested in advance and were available to the inspector as requested. Hand hygiene was practiced and direct interactions were limited to periods of time less than 15 minutes. All residents and staff had been in receipt of one dose of the COVID-19 vaccine and all were well on the day of inspection.

The inspector was welcomed by residents in both houses. Residents in one house were finishing breakfast and looking forward to going for a walk in the local community with staff. Residents used few words to communicate but could make their feelings clearly known through gestures. All residents had a good understanding of spoken words. Residents were happy to show the inspector their bedrooms which were personalised, homely and in good decorative order. Many activities that the residents had engaged in during lock down were on display in the house and photographic logs were also included in the residents care plans. Photographs demonstrated participation and satisfaction with activities that were clearly aligned to goals that residents had previously set with the direct support of staff. Residents also had records and schedules of day service activities and pre retirement programmes that they would have fully engaged with prior to the pandemic. The registered provider had allocated staff from their closed day services to the direct support of residents in their own homes. Many of the craft and social activities that residents had been involved in were on display within the houses and gardens. The registered provider had also put in place a virtual activation programme that residents were supported to access on media platforms with electronic tablets. Residents who were not enjoying or engaging with programmes were acknowledged and their care plans were amended to provide individual and direct support from staff in activities of preference. Some residents had facilitated a recent tea party in their garden and had been the subject of a media article relating to how they were coping with the pandemic. Residents were very proud of the article and the accompanying photograph.

All residents were seen to be very comfortable in the presence of other residents and staff. Staff interactions were observed to be gentle, unhurried and respectful. The language used by staff was also very respectful of residents. Staff confirmed that the registered provider and all staff were conscious of the words and descriptions they used and wrote in residents files. In some instances staff had ceased using abbreviations that they had determined could be disrespectful. One family member spoke with the inspector by phone and was very complimentary in relation to the service and support that their family member received.

In the second house residents acknowledged that they missed their friends and family during the lock down. Those who would have been used to spending time

and overnights at home with their families were hoping to resume these activities now that their vaccination programme had commenced. Residents acknowledged that they liked cooking with staff support and many photographs showed resident's making and enjoying the finished products. Residents confirmed that they liked the food that was prepared and that choice was offered. The supply of fresh and frozen food stuffs were observed to be plentiful.

Residents confirmed that they felt safe in the designated service. They also confirmed that staff acknowledged their privacy especially when it came to accessing their bedroom. Some residents requested that staff request entry of them. Residents were proud and mindful of their clothes, possessions and electrical items. All residents had a television in their bedroom which they enjoyed watching sports events, music shows and films. Some residents had a shared interest and friendship through supporting the same soccer team.

Adverse incidents reported to the Health Information and Quality Authority (HIQA) resulted in staff putting in place specific plans to further safeguard residents. One resident could confirm that a support plan had been put in place to assist them and they were also happy in how a complaint that they had made was addressed to their satisfaction. The resident stated that the concerns they had were listened to and addressed by staff. The issues that had previously bothered them were no longer an issue.

Each house had a vehicle to facilitate trips and excursions. Residents looked forward to increased social activities. One resident acknowledged that they had recently visited another service to check on how a former house mate was settling into a new home.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard and that there was a visible person-centred focus within the designated centre. The designated centre was well run and sufficiently resourced to meet the assessed needs of residents. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support where choice was offered and residents rights respected.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

The inspector found that the focus of support to residents was person centred in a homely environment. Residents had meaningful engagement with their families and access to the day services and the local community that were impacted by current public health restrictions. The designated centre was well managed to meet the

assessed needs of residents. There had been further improvement with regulatory compliance since the previous inspection. The registered provider had reduced the size of the designated centre to improve overall governance, management and direct oversight of the service. The person in charge and staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and well supported.

The registered provider had in place a team of staff that were trained to meet the assessed needs of residents. The person in charge was recently appointed and employed in a full-time capacity. The person in charge was an experienced and suitably qualified person. The person in charges commitment to this designated centre was evident throughout the inspection. Both the person in charge and a designated team leader facilitated frequent staff meetings and provided direct staff supervision and supported staff through performance review. Staff numbers allocated to the designated centre afforded person centred care and there was evidence that the registered provider and staff worked diligently to ensure activities were facilitated in residents homes in the absence of structured day services. It was evident that residents whose assessed needs were impacted by the environmental layout of the service and the staff composition had been offered more appropriate services in an alternative home.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was in part effected by the current COVID-19 restrictions. The training matrix records of 8 staff were reviewed. The registered provider facilitated practical fire and safety training to staff every two years. 63% of staff required refresher practical training. All staff had however undertaken an e-learning module in fire safety. 63% of staff needed current training in the management and prevention of aggression. All staff that required retraining in relation to safeguarding vulnerable adults had done so through remote learning in 2020. All staff had undertaken hand hygiene training and infection prevention and control. Staff had also undertaken additional training to meet the assessed needs of the residents with courses relating to first aid, the safe administration of medicines, food hygiene and safety.

Records were available that demonstrated that team meetings, management meetings and multidisciplinary meetings were taking place and properly recorded. The registered provider and staff had conducted two audits of the service in May 2020 and October 2020. Actions arising included increased falls assessments, a review of residents person centred plans to reflect the impact of the pandemic and an increase of home based activities. The annual review of the quality and safety of the service took place in January 2021. Improvements that were required were highlighted and had clear actions and nominated persons responsible. It was evident that these matters were been addressed within the time frame determined by the reviewer. Both residents and family feedback were sought for the annual review. Learning from other HIQA inspections were discussed at meetings and disseminated to staff. Staff concerns, incidents and accidents were discussed and recorded at team meetings. This reflected a culture of openness where staff were willingly to improve standards and undertake retraining if necessary. Resident meetings were facilitated and recorded. Records reflected that social events, menu planning, self

care and the COVID-19 pandemic were all regularly discussed with residents.

All notifications had been made to the Chief Inspector, within the required three day period. All reported incidents to HIQA were consistent with the registered provider's records on their incident management system. The registered provider had in place a directory of residents that contained the requirements as specified by Schedule 3 for all six residents. Each resident had a current contract of care signed by themselves.

The inspector reviewed a number of complaints that the registered provider had recorded and addressed since the previous inspection. The records reflected that complaints were adequately dealt with to the satisfaction of the complainant. One resident who had been supported by staff to make a complaint confirmed to the inspector that they were happy with how their complaint was dealt with and subsequently resolved.

The registered provider had in place a statement of purpose that was an accurate description of the service provided. The conditions of registration were clearly outlined and a copy of the registration certificate was on display in the designated centres hallway. The statement of purpose had recently been revised to support the application to renew the registration of the designated centre.

The registered provider was due to make an application to renew the registration of the designated centre six months in advance of the current registration end date in compliance with Section 48 of the Health Act 2007. Further clarification regarding the use of a registered bedroom and assurances pertaining to compliance with Regulation 28 Fire and Safety is discussed later in this report.

#### Regulation 14: Persons in charge

The registered provider had employed a suitably qualified and experienced person in a full-time role.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant



### Regulation 16: Training and staff development

The person in charge ensured that all staff had access to appropriate mandatory training, however some regulatory required refresher training in the areas of managing behaviour that challenges and fire and safety were required.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The person in charge ensured that an accurate directory of residents was maintained and in date.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured that the designated centre was well managed and resourced to meet the assessed needs of the residents in line with its statement of purpose.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a current contract of admission outlining the terms and conditions of their residency.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose which was subject to review.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge ensured that the Chief Inspector was notified of all adverse incidents within the specified time frame.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had a clear and effective complaints procedure in place for the residents.

Judgment: Compliant

## Quality and safety

The inspector found that the overall care and support for residents was person centred, respected the rights of residents and encouraged residents to self determine. The findings on the day of inspection were based on conversations with residents and staff, families, documentary evidence provided by the person in charge and general observations as residents went about their daily routine with staff supports.

Written consent was provided by residents relating to all aspects of support given by staff. Staff facilitated regular resident meetings to facilitate residents involvement in the running of the designated centre. Staff used this forum to educate residents in relation to privacy and dignity, how to make a complaint and how to safeguard themselves from COVID-19. Records of these meetings reflected that residents had taken part in planning and were taking part in activities of their choosing. It was clear from what residents said that they enjoyed activities in their local community prior to the pandemic and missed these very much due to public health restrictions. The focus of activities was on protecting residents from the risk of infection and residents were starting to avail of more community activities which were risk assessed. In the absence of direct contact with day services and retirement groups, the registered provider was facilitating a programme of virtual events and activities which residents were supported to attend and participate in through the use of electronic tablets. The direct allocation of day services staff to residents homes meant that residents were engaged in meaningful activities with staff that they were

familiar with. There was plentiful examples of craft works that residents had produced, photographs of celebrations of festive and seasonal events as well as activity schedules, programmes and records of these events maintained by staff.

Both houses were observed to be very clean. Staff had organised cleaning schedules to include the increased rate of cleaning of frequently touched areas. All staff had undertaken training in infection prevention controls, as well as hand hygiene. Some residents had also undertaken hand hygiene training. Staff supported and reminded residents on a daily basis on the precautions necessary to reduce the risk of infection. The registered provider had a contingency plan in place to address the possibility of an outbreak of COVID-19 and had also completed a self assessment of preparedness in April 2021. At the time of inspection, all residents and staff had been in receipt of their first dose of vaccination against coronavirus. Staff movement between houses had been curtailed to control the risk of infection. After risk assessments, movement of staff was becoming more normalised and less restricted.

Both houses were observed to be maintained to a good standard. The internal environment had been painted since the last inspection. Some settlement cracks in one house had been plastered and painting of these areas was requested of and awaited from the registered providers maintenance department. The external facade of one house also required painting. All residents had an individual bedroom and many liked to watch television in their bedroom. All bedrooms were clean, well maintained and displayed photographs, art and posters chosen by residents. There was sufficient storage units in each bedroom to store residents clothing and private possessions. Each house had external and internal areas that afforded residents privacy when able to facilitate visitors. The kitchen / dining and sitting room areas were focal points of gathering for residents and residents were observed to access all areas of the designated centre without restriction. Each house had adequate supplies of fresh and nutritious foods and all meals were prepared on site. Residents enjoyed preparing and making meals with staff support. Residents had a choice of foods taking into account their dietary needs.

The inspector reviewed a sample of residents person centred plans in both houses. All plans were subject to review twice a year or sooner if required. A multidisciplinary review took place annually and family members were invited to take part. One resident had transferred to another house since the previous inspection. While the transfer had happened very quickly, the resident had been involved in the proposed move and had virtual meetings with the staff and residents in their new home. The transfer had been initiated after the assessed needs of the resident could not be met in their original home. The residents new home was environmentally better and had nursing supports. The resident knew some of the other residents that they went to live with and contact had been maintained with their former house mates who had visited them with staff support. Each residents file reflected that social activation was central to activities that encourage cognitive and physical stimulation. This was supported individually and in groups. Photographs reflected residents taking part in music sessions, gardening, story telling, baking, arts and crafts and excursions. Each house had a vehicle specifically for the residents use. One resident spoke of the many activities they had enjoyed with staff support - these included fancy dress parties, pyjama parties, designing a Christmas jumper,

decorating the house for halloween and watching the Late Late Show. Residents also liked to listen to music on electronic tablets or on the television in their bedroom.

Each resident had a current healthcare plan in place and had access to a named general practitioner. Staff and families supported residents to attend specialist appointments. The registered provider had a restrictive practices log in place that had been updated in February 2021. Restrictive practices were as reported to HIQA and the person in charge was actively working on reducing the number of restrictions in place. One resident demonstrated awareness of a support plan put in place to enhance their protection. This plan was current and subject to regular review.

The registered provider had a safe system of medicines management in place in the designated centre. There was evidence that staff sought clarification from prescribers and mental health professionals regarding residents medicines. Ambiguity or uncertainty was addressed through staff discussion and retraining.

Each house had an individual risk register that was maintained by the person in charge. Senior managers had direct access and oversight of the risk register. The person responsible for actions and time frames was recorded. This register was accessible to all staff through the registered providers information technology platform. The risk register was up-to-date and included specific assessments in relation to COVID-19 and also risk assessments specific to each resident. Risks determined by regulation were included on the risk register. The registered provider and person in charge also undertook and completed a number of audits within the houses. The findings of these audits were used to support requests for improvements e.g. findings of cleaning, maintenance and environmental audits were linked to requests for repairs and maintenance.

The registered provider had undertaken major works to bring the houses into compliance with Regulation 28 - Fire and Safety. Both houses had a modern fire alarm and detection system in place and all fire exits and fire escape routes were clearly labelled and illuminated with running man signs. All systems and equipment had been examined and certified by a fire competent contractor. Staff conducted fire safety checks on a daily basis to ensure that all fire exits were kept clear, carbon monoxide detectors were functioning, fire doors were in good working order and fire extinguishers and blankets were in place. Fire drill records demonstrated the safe evacuation of residents within acceptable time frames. Each resident had a current personal emergency evacuation plan in place. One registered bedroom was not in use. The registered provider was requested to provide clarification on the continued use of the bedroom as part of its upcoming renewal of registration application. The registered provider also undertook to provide assurances in relation to the continued compliance with Regulation 28, from their suitably qualified fire competent person, should they wish to continue registering the room as a designated bedroom.

## Regulation 12: Personal possessions

The person in charge ensured that the residents had access and control to both their possessions and finances.

Judgment: Compliant

## Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing through structured day services.

Judgment: Compliant

## Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the assessed needs of the residents. Some areas of the designated centre required and awaited painting and minor repairs.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to buy, prepare and cook food.

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The residents had a comprehensive individual care plan that they were involved in. This care plan was subject to regular review.

Judgment: Compliant

### Regulation 6: Health care

The registered provider ensured that the residents had an appropriate healthcare

plan in place.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the least restrictive method for the shortest duration of time.

Judgment: Compliant

### Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life.

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
<b>Capacity and capability</b>	
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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	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-0032597

Date of inspection: 14/04/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training will be scheduled for face to face fire training in line with current guidelines for essential training. All staff have been trained in refresher MAPA.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A request for the exterior painting of Cherry Lodge was submitted to Senior Management. It is scheduled to be completed by the end of the summer.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/07/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/08/2021