

# 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:	Unannounced
Date of inspection:	03 June 2022
Centre ID:	OSV-0005683
Fieldwork ID:	MON-0032409

## About the designated centre

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

Listowel Respite Services consists of two detached houses located in separate rural areas but within close driving distance to a nearby town. One house of the centre provides fulltime residential support for two residents while also offering a respite bed for a third resident. The other house can provide respite for up to four residents and can also serve a COVID-19 isolation unit if required. In total the centre can support a maximum of seven residents of both genders over the age of 18 with intellectual disabilities and Autism. Individual bedrooms for residents are available in both houses and other rooms in the two houses include kitchens, sitting rooms, utility rooms and bathrooms. Residents are supported by the person in charge, social care workers and care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 3 June 2022	09:25hrs to 18:00hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The two houses of this designated centre were generally well-furnished and homely but the inspector did observe that maintenance works were needed in some areas. While six residents availed of the centre on the day of inspection, only one resident was met with this resident appearing content in their environment.

On arrival at the first house that made up this designated centre, the inspector was greeted by the newly appointed person in charge who directed the inspector to sign in and to take his temperature using a digital thermometer that was present on a small table just inside the front door. On the same table was a bottle of hand sanitiser which had an expiry date of March 2020. This was later highlighted to the person in charge who removed it immediately. At the time of the inspector's arrival to this house, no residents were present with those living in the house attending day services elsewhere so the inspector's initial period in this house was used to review the premises provided and its facilities.

Overall this house was seen to be generally well-furnished, homelike and clean with residents having their own individual bedrooms with multiple toilet/bathroom facilities provided. It was observed though that some maintenance was required in some areas. These included a number of doors to kitchen presses which were visibly worn and a gap in the floor between the kitchen area and a hall which was covered with tape. The inspector was later provided with maintenance request forms seeking to address some of these issues which were dated in March 2022. In November 2021 HIQA were notified of a fall of resident in a toilet which involved a loose toilet seat. During this inspection it was observed that the same toilet seat was loose and cracked. The inspector was informed that the toilet seat had been replaced since November 2021 but it could not be confirmed how long the seat had been broken for at the time of this inspection.

The house was also provided with fire safety systems which included a fire alarm, emergency lighting and fire extinguishers. Fire doors were also in place which are important in containing the spread of fire and smoke in the event of a fire while also providing a protected evacuation route if required. It was observed though that during much of the inspector's time in this house, some fire doors were held open by door stops, particularly the doors to the kitchen and to the utility room. The holding open of fire doors in this way prevents them from acting as intended thereby negating their effectiveness as a fire containment measure.

Aside from the fire safety systems within the house, it was also observed that the house had some facilities and supplies which supported infection prevention and control practices. These included COVID-19 related signage, bins and cleaning products. Supplies of personal protective equipment (PPE) such as face masks and gowns were also present in the house. The inspector reviewed a sample of these which were generally in date but two gowns were marked as having an expiry date in April 2022. Other bottles of hand sanitisers were present which were in date.

There was also some wall mounted hand sanitiser dispensers. When looking inside some of these an expiry date was not indicated on their contents. The inspector was informed that these dispensers had been recently installed.

Later on during the inspection, a resident who was availing of respite in the house that night was briefly present in the house but was not met by the inspector at the suggestion of staff. Towards the end of the inspector's time in this house, two other residents returned from day services, one of whom was met by the inspector. The resident seemed content when the inspector met them and talked about a planned telephone call with a family member later in the day, a meal that they just had and a particular machine they used. The resident also talked about some money they earned and appeared proud of this. Staff present at this time engaged pleasantly with the resident.

Towards the end of the inspection, the second house of this centre was visited by the inspector. This house was observed to be surrounded by some large green areas which were overgrown. It was indicated to the inspector there was uncertainty as to whether these areas fell within the boundaries of the property or not. However, in their observed state, the green areas could not be used as a garden even though the centre's statement of purpose indicated that this house had a large garden area that could be accessed. At the time of this visit, the three residents who were availing of respite in this house had gone on an outing with staff members and so were not met during the inspection.

As with the first house, the second house was generally well-furnished, homelike and clean while the maintenance levels overall were also better. However, in two bedrooms used by residents, the inspector did observe some small patches of what appeared to be mould while a grab rail in one bathroom was visibly rusted. The house was also equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers, a fire blanket and fire doors. The fire doors in this house were observed to be closed at the time of the inspector's visit. Hand sanitiser and PPE were available in this house which were found to be in date although the inspector did note that some of the contents of a first aid kit had passed their expiry date.

In summary, one resident was met during this inspection who appeared content while staff present interacted with the resident in a pleasant manner. Both houses which made up this centre were generally well-furnished, homelike and clean but maintenance was required in some areas. Fire safety systems were provided for in both houses.

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.

## Capacity and capability

The overall compliance levels with the regulations had deteriorated since the previous inspection. As such the monitoring systems in operation required improvement to ensure that relevant issues were promptly identified and stated actions were completed.

This designated centre had been previously inspected by HIQA in October 2020 where a full level of a compliance was found across the 15 regulations reviewed then. Following that inspection the centre had its registration renewed until March 2024 with no restrictive conditions. Since that time there had been multiple changes in the person in charge for the centre while during March 2022 HIQA had sought assurance from the provider in specific areas such as complaints, personal care and oversight following receipt of some information of concern. Given the length of time since the previous inspection, it was decided to carry out the current inspection to assess compliance with the regulations in more recent times.

As part of the provider's most recent registration application, specific floor plans had been submitted. These floor plans detailed the footprint of both houses which made up this designated centre and formed the basis of one of the centre's current conditions of registration. However, early in this inspection it was noted that the footprint of one house had increased following premises works that been carried out in 2021. The increased size of this house was indicated as being part of the designated centre in a recently reviewed statement of purpose that was in place also. Despite this, the provider had not applied to vary the relevant registration condition to reflect this change at the time of this inspection.

While the statement of purpose was recently reviewed it had not been updated to reflect a recent change in person in charge. In addition, in one house of the centre the inspector saw two versions of this document in use; one from the April 2022 and the other from July 2020 with the latter containing some outdated information. Despite this it was noted the most recent recently reviewed version contained most of the specific information required by the regulations such as the arrangements for complaints. However, it was seen that in one house information on display about the complaints procedures referred to a former person in charge and, while a system was in operation for recording complaints, it was indicated to the inspector that one complaint was not recorded.

Complaints was an area that was reviewed by the provider's monitoring systems in operation. Such systems included a representative of the provider conducting unannounced visits to the centre as required by regulations. These visits were reflected in a written report with action plans developed when any areas for improvement were identified. It was noted that such unannounced visits had highlighted some issues that were also found on this inspection such as maintenance issues and issues around some residents' contracts for the provision of services. However, they did not highlight some areas identified on this HIQA inspection which required improvement particularly around risk management. In

addition, while there were action plans for such unannounced visits reports there were some indications that stated actions were not being followed through.

For example, a provider unannounced visit from August 2021 had highlighted a need to apply to vary the centre's conditions of registration to reflect premises works but, as highlighted above, this had not yet happened. Both of the two most recent provider unannounced visits highlighted a need to update some residents contracts for the provision of services and while these had been updated recently, it was noted that they did not clearly outline the fees these residents were to pay while one contract did not indicate how many nights a week the resident stayed in their home. Under the regulations such contracts must be agreed between the provider and the resident or their family. While it was noted that these contracts were signed by a member of the centre's staff, the inspector was informed that this person did not have the authority to sign contracts on behalf of the provider.

Aside from provider unannounced visits it is also important that centres have regular audits carried out to assess, evaluate and improve the provision of services in a systematic way. The provider did have a system in place for audits in various areas to be conducted and the inspector saw audits that had been completed in areas such as medicines and finances. It was noted though that there were inconsistencies in the frequency that such audits were conducted which limited their potential to identify issues. Such findings together with an overall slippage of compliance with the regulations found during this inspection compared to the October 2020 inspection, suggested that the monitoring systems in operation at the time of this inspection were not ensuring effective oversight of the designated centre.

In the months leading up to this inspection it was noted that the centre did not have an on-site person in charge with the role of person in charge being filled on a dual basis by two of the provider's senior management who had a number of other responsibilities. While efforts had been made to ensure effective governance, operational management and administration of the centre, the absence of an on-site person in charge did have some negative impacts which may have contributed to the overall compliance levels found on this inspection. For example, the inspector was informed that the supervision of staff, which is a direct responsibility of the person in charge under the regulations, had been poor. It was indicated though that some staff supervisions had recently taken place while it was noted that a new on-site person in charge had recently commenced working in the centre which was positive development. This new person in charge would oversee the staff team for this centre.

It was noted that issues related to COVID-19 had placed significant pressures on the staffing arrangements for the centre, particularly to ensure that one house, which was primarily used for respite, remained open. On one occasion in March 2022, two residents who lived full-time in one house of the centre had to move to the other house of the centre for a weekend due to staffing issues. It was acknowledged that this course of action had been significantly influenced by COVID-19 factors and was only taken as a last resort. The inspector was informed that such an occurrence had not happened since and that the staffing situation had eased somewhat in the months since although one staff vacancy was reported. Staff spoken with during this

inspection demonstrated a good understanding of residents' needs. Records provided indicated that staff members had under relevant training in areas such as fire safety, safeguarding and infection prevention and control.

### Registration Regulation 8 (1)

One house that made up this designated centre had been operated from a larger footprint than was indicated on the floor plans that the centre was registered against. Despite this, the provider had not applied to vary their conditions of registration.

Judgment: Not compliant

### Regulation 15: Staffing

On one occasion in March 2022, two residents who lived full-time in one house of the centre had to move to the other house of the centre for a weekend due to staffing issues. One staff vacancy was reported.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

While some staff supervision had taken place recently, the inspector was informed that the supervision of staff had poor which was related to multiple changes in person in charge.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was inconsistencies in the frequency of local audits carried out. Some monitoring systems in operation were not ensuring that relevant issues were promptly identified and that stated actions were completed. The overall compliance levels for the centre had deteriorated since the previous HIQA inspection in October 2020.

Judgment: Not compliant

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

Two contracts for the provision of services were reviewed by the inspector neither of which clearly indicated the fees that these residents were to pay while one contract did not outline the numbers of nights that the resident stayed in the centre. The two contracts seen were signed by a member of staff but it was indicated that they did not have the necessary authority to sign contracts on behalf of the provider. As such the contracts reviewed had not been agreed between the provider and the residents or their families.

Judgment: Not compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place but it had not been updated to reflect a recent change in person in charge. In one house two different versions of the statement of purpose were seen.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

While systems were in place for recording complaints, it was indicated that one complaint was not logged at the time of inspection. In one house information on display about the complaints procedures referred to a former person in charge.

Judgment: Substantially compliant

## Quality and safety

Residents had individual personal plans in place. While these contained a good level of information in some areas and had been recently reviewed, improvements were required in other areas of personal planning as well as risk management.

During the inspection a sample of residents' individual personal plans were reviewed by the inspector. These are required by the regulations and are intended to provide guidance for staff in supporting the assessed needs of the residents. In the personal plans reviewed it was seen that they were informed by recently reviewed assessments and, generally, when needs were identified, a corresponding plan was put in place which were found to contain a good level of information. Such needs included any health needs of residents with specific health care plans seen to be in place. It was noted though that a part of one resident's personal plan indicated that they were have their weigh checked monthly but based on records available there were was some inconsistencies in the frequency of such checks.

It was also noted that another resident had a detailed occupational therapist (OT) assessment completed in September 2021 which outlined various recommendations on how to support the resident's assessed sensory needs. Despite this a different sensory needs assessment completed in April 2022 made no reference to this OT assessment and there was no corresponding care plan in place outlining the sensory supports that were to be provided to this resident. It was indicated to the inspector though that some sensory activities were happening for the resident involved while some goals for the resident, which had been identified through a person-centred planning process, made reference to similar activities also.

The person-centred process was intended to support residents and their families to be involved in the development of residents' personal plans which is a requirement of the regulations. Through this process it was noted that goals which had been identified for residents and achieved included going on a weekend away and attending a concert. However, it is a requirement of the regulations that personal plans are reviewed to reflect changes in circumstances. For one resident it was noted that even though their identified goals had been achieved by October 2021, no new goals had been put in place. The regulations also require personal plans to be available in an easy-to-read format but the inspector was informed that these were not in place for the sample of residents' personal plans reviewed by the inspector.

When reviewing the personal plan of one particular resident, it was noted that during 2021 they had undergone a significant change in their mobility. The nature of this change along with other needs of this resident were not wholly consistent with the operations of this designated centre although efforts were being made to support the resident. It was indicated to the inspector that an alternative setting was being considered for the resident at the time of inspection. It was also found that this resident's change in mobility contributed to them to them being at a higher risk of falls and it was noted that there had been occasions in 2021 and 2022 where the resident had fallen in their home particularly in toilet areas. Despite this the premises where the resident currently lived in had not been assessed by OT to determine if there were any adaptations that could be made to mitigate against the risk involved.

Various risk assessments were place for the centre and while most were indicated as being reviewed in recent months, but it was noted that some had not been reviewed to take account of recent incidents. For example, in the months leading up this

inspection one resident had had a choking incident which required the Heimlich manoeuvre to be used but the relevant risk assessment in place had not been reviewed since that incident. In addition, when reviewing the incident report for this matter reference was made to potentially arranging a review of the resident by a speech and language therapist (SLT) but there was no indication as to how this had been followed up. A risk assessment was also in place relating to the holding open of fire doors. Despite this it was noted that a specific protocol around the holding open of such doors as outlined in the relevant risk assessment was not being followed in full in one house of the centre.

### Regulation 12: Personal possessions

A record some residents' personal property and possession was not being maintained.

Judgment: Substantially compliant

### Regulation 17: Premises

While the two houses visited were generally well-furnished, clean and homely, some areas in need of maintenance were seen. These included a gap in flooring covered by some tape, some kitchen presses being visibly worn, a toilet seat needing replacing, a rusted grab rail and some small patches of what appeared to be mould in two resident bedrooms.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Some risk assessments had not been reviewed to take account of recent incidents. A specific protocol relating to the holding open of fire doors as outlined in a relevant risk assessment was seen not be followed in full in one house. Despite a change in needs for one resident which contributed to them being at a higher risk of falls, the house where the resident lived had not been assessed by an OT to determine if there were any adaptation that could be made to mitigate the risk. An incident report for a choking incident made reference to potentially arranging a review of the resident by an SLT but there was no indication as to how this had been followed up.

Judgment: Not compliant

## Regulation 27: Protection against infection

During the inspection of bottle of hand sanitiser that expired in March 2020 was initially present and in a prominent location in one house. Supplies of PPE were present in both houses with the majority of these being in date although some gowns were indicated as having expired in April 2022. At the time of this HIQA inspection a relevant assessment on infection prevention and control had been recently completed in one house of the centre but had not been done in the other house of the centre since June 2021. Some of the contents in one first aid kit had expired in recent months.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Fire safety systems were in place in both houses of the centre which included fire alarms, emergency lighting, fire blankets, fire extinguishers and fire doors. In one house of the centre it was observed that some fire doors were held open by door stops which negated their effectiveness.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

One resident's personal plan required updating to reflect an assessment by OT around their sensory needs. New goals had not been identified for a resident who had achieved their previous goals in October 2021. The needs of one resident were not wholly consistent with the operations of this designated centre. Easy-to-read versions of residents' personal plans were not in place.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had specific health care plans in place for assessed health needs. A resident's personal plan indicated that they were have their weigh checked monthly

but based on records available in the centre there were some inconsistencies in the frequency of such checks.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Documentation reviewed indicated that a particular restrictive practice in use for one resident had not been reviewed by the provider's restrictive practices committee in over 12 months. When reviewing another resident's personal plan, some of the documentation contained within it from 2020 suggested that another restrictive practice was still in use but in practice it was observed that it was not.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff members had undergone relevant safeguarding training while guidance was available in residents' personal plans on how to support residents with intimate personal care.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 8 (1)	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Listowel Respite Services OSV-0005683

Inspection ID: MON-0032409

Date of inspection: 03/06/2022

## 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
Registration Regulation 8 (1)	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8 (1): Application to Vary is ready to be submitted once receipt of change to floor plans is received from the engineer. Requests for return of floor plans from engineer made on 10/06/2022; 30/06/2022 and 05/07/2022</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>In as far as is possible the residents will not be moved from their home, but there may be occasions due to severe staffing shortages that a move may be necessary. If this occurs the HIQA inspector will be contacted as had been done on that occasion. We have reviewed the gaps in the rosters and are in discussions with an agency to provide staff to cover any gaps until the recruitment process is complete.</p>	
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>There is now a manager in place for the respite services and staff supervisions have resumed, with all supervisions for staff working in the respite houses scheduled to be up to date by the end of July 2022.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: There is now a manager in place, and a schedule for staff to complete audits has been developed, with responsibility for audits assigned to staff to be completed within the designated time frame, i.e. monthly audits, 6 monthly audits, etc.. Almost all of the audits have now been completed, and all audits will be up to date by the end of July. All issues that need action are to be communicated to the manager by staff completing the audit, so that action may be taken to correct the issue.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:  Meetings with the respective residents, the resident's family, and management, where a new contract for the provision of services will be discussed and consent sought from the service user and their family for the terms set out in the contract of services. The contracts will clearly set out all terms for the provision of services, including finances, fees, the number of nights being provided, and management with the necessary authority will sign the contract on behalf of Kerry Parents and Friends Association. It is planned to have this completed by the end of July 2022</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been updated on the 28<sup>th</sup> of June 2022 to reflect the change of person in charge, with older versions of the Statement of Purpose being archived.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaint that had not been logged has now been logged on KPFA's internal system. The manager has been in contact with the family that made the complaint, and alternative dates were offered for respite, which the service user availed of over a weekend, as preferred by the family.  All information about how to make a complaint has been updated to reflect the change of person in charge.</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: A detailed list of each resident's personal belongings has been added to their file. Staff have also been directed that the storage of resident's belonging must adhere to the protocols outlined for the resident's property, this was discussed and minuted at the June team meeting.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The broken tiles in the kitchen of one house have been replaced, a door saddle has been installed to eliminate the gap between the flooring, and the broken toilet seat has been replaced. Enquiries with manufacturers of kitchen units are ongoing to find a company that can replace the laminate on the doors of the kitchen units, it is planned to have this work completed by the end of September.</p> <p>The rusted hand rail is due to be replaced by the end of September. Products to remove the small patches of mould observed in two of the resident bedrooms have been purchased. Once the mould has been removed, the area will be repainted with a mould resistant paint; this work should be completed by the end of September 2022.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Contact has been made with an OT to undertake a risk assessment of the residential house to ascertain what, if any adaptations can be made to the house to reduce the risk of falls. All incidents are logged on Xyea, and discussed at the monthly team meetings; risk assessments are in the process of being reviewed and being updated to take account of any changes in the needs of service users, this review will be completed by the end of July 2022.</p> <p>Signage has been printed and put on all doors which do not need to be held open to facilitate the residents having safe access to rooms. Staff have been directed not to hold the doors open with door stops, unless there is a risk assessment in place. Senior management will audit the use of door stops at random intervals</p> <p>Application for funding to install magnetic units to the fire doors has been submitted to the HSE as a matter of priority.</p> <p>Contact has been made with the resident's doctor to request a referral to the community SLT to review the resident's needs/concerns about risk of choking. Awaiting appointment in the post.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>All PPE best before dates have been reviewed, with any PPE that is due to expire in the next 6 months has been labelled with the expiry date written in large print on the outside of the box to ensure it is used first.</p> <p>Staff had been topping up the bottle of hand sanitizer at the entrance in one house, but staff have been directed not to transfer hand sanitizer into other bottles or containers, but to only use the hand sanitizer in the original container.</p> <p>An IPC assessment has been completed, so both houses have recent assessments completed. Reviews of the IPC assessments have been added to the manager's calendar to ensure they are completed regularly.</p> <p>The expired items in the first aid box have been replaced, and a staff in each house has been assigned the task of ensuring that the contents are checked regularly and kept up to date.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Signage has been printed and put on all doors which do not need to be held open to facilitate the residents having safe access to rooms. Staff have been directed not to hold the doors open with door stops, unless there is a risk assessment in place. An application for funding to install magnetic units to the fire doors has been submitted to the HSE.</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> <p>PCP meetings will be scheduled in July to review and update the resident's personal plans and goals. The residents, the resident's family, their support worker in their day service, and support staff will be invited to attend. The OT assessments for the residents will also be used to inform the plans and goals for each resident.</p> <p>There is a plan for one resident to move to another KPFA residential centre which will be more suited to their needs. Once a date for the meeting has been confirmed, staff will have a transition plan in place to support the service user with the move to a new house, this will include visits to the new house with the service user, and social stories with photos of the house and the resident's new room to help prepare them for moving to a new house. Management are in regular contact with the resident's family to keep them informed of when this move is expected, and to discuss any concerns the family may have about the move, for example, ensuring the resident can continue to visit his family. Easy read version of personal plans to be completed</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  A staff has been assigned to checking the resident's weights on a monthly basis, and this has been completed for June.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  The restrictive practice for having a lock on the fridge to limit a resident's unlimited access to the fridge is not being used and it has now been archived. The restrictive practice for the use of a monitor in a residents room will be reviewed by the restrictive practices committee.</p>	

## 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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	29/07/2022
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/06/2022

Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/09/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/07/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	29/07/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered	Substantially Compliant	Yellow	29/09/2022

	<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 24(3)	<p>The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.</p>	Not Compliant	Orange	28/07/2022
Regulation 24(4)(a)	<p>The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.</p>	Not Compliant	Orange	28/07/2022

Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	28/08/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/06/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/06/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	28/06/2022

Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	28/06/2022
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	29/06/2022
Regulation 05(2)	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).	Substantially Compliant	Yellow	28/07/2022
Regulation 05(5)	The person in charge shall make	Substantially Compliant	Yellow	31/08/2022

	the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	28/07/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	28/06/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	29/07/2022