



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

Issued by the Chief Inspector

Name of designated centre:	Kilcummin Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	25 October 2023
Centre ID:	OSV-0007962
Fieldwork ID:	MON-0032686

About the designated centre

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

The designated centre provides full-time residential services to male and female adults with a primary diagnosis of intellectual disability. The designated centre comprises of two individual single storey houses that are located 4 kilometres and 8 kilometres from a large rural town. The smaller house accommodates female residents and each resident has their own bedroom and own sitting room. The house has a kitchen / dining area, a bathroom and a staff bedroom with an en-suite. There is one additional bedroom. The house has a large garden area to the front and rear. The second house is larger and accommodates male residents. It has five individual bedrooms with en-suites as well as a staff bedroom en-suite. There is a kitchen and dining room, a sitting room, bathroom, boiler house and hot press. An adjacent building which is part of the designated centre has a laundry room, a store room and a toilet. The house has a large garden to the front and rear. The staff team is comprised of social care workers and support workers.

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
Wednesday 25 October 2023	09:15hrs to 00:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

Kilcummin Residential Services was a designated centre located on the outskirts of a large rural town. On arrival at the centre, the inspector was greeted by the person participating in management and a staff member on duty. Residents were commencing their day and were awaiting their transport to arrive to bring them to their day service. A number of residents told the inspector they heading to the local pumpkin farm and were looking forward to their Halloween party.

Since the previous inspection some interior decorating had been completed. One resident showed the inspector the updated living room and how much they liked it now. It was spacious and had sufficient seating for resident to relax and watch TV in the evening. The resident told the inspector they were very happy in the centre and the staff were bringing them to Cork for their birthday later in the year. They chatted with staff and the inspector about what they like to do and where they like to go. They said goodbye to the inspector when the bus arrived and the residents headed off to their day service in the nearby town.

The inspector spent time in their house under the remit of the centre reviewing the required documentation. The layout of the centre was currently under review by the provider to ensure the centre met the assessed needs of the residents. Since the previous inspection a resident had transitioned to another centre. Since this the provider was completing a review of the function of the rooms and had consulted with residents with respect to these changes. The dining area had also been reviewed with an office area now removed from this space to promote a home like environment.

The inspector visited the second house under the remit of the centre in the afternoon. One resident was out and about on the inspector's arrival. The two residents in this house had spent a period of time in another centre to allow for required building work and repairs to be completed. They were both reportedly happy to return to o their new home and had decorated their personal spaced since their return.

One resident was relaxing in their living area with a staff member. They showed the inspector the neighbour's cat who called to visit them for a treat every day. The resident chatted with the inspector and showed them old family photographs. They had been out for a coffee with their sibling early in the day and had done some shopping. They interacted with staff members present laughing and smiling. They smiled at the inspector when they asked if they were happy since returning to the centre.

Residents were observed to be consulted in the day-to-day operations of the centre. This included in such areas as activities they wished to participate in and what they would like to eat. The next two sections of the centre will review the governance and management operations of the centre and how these impact the residents

currently residing in Kilcummin Residential Services.

Capacity and capability

This was an announced inspection in the centre to assist in the recommendation to renew the registration of the centre for a further three-year cycle. The provider had submitted an application including the required prescribed information to formally apply to continue the operations of the centre. However, some items of prescribed information for members of the governance team remained outstanding. The provider had implemented the actions as set in the compliance plan response following previous inspection carried out on behalf of the chief inspector.

The provider implemented measures to ensure that there was effective monitoring systems to ensure the service provided in the centre was safe and effective. This included the implementation of the regulatory required monitoring systems such as the annual review of service provision and six monthly unannounced visits to the centre. Both of these systems incorporated consultation with residents and their representatives. Within the centre, the person in charge implemented a range of audits and reviews to oversee the day-to-day operations. A number of audits had been delegated to staff members to encourage a team approach to oversight. Audits completed included such areas as finances, personal plans, environment and incidents. All monitoring systems had an accompanying action plan to ensure actions were addressed in a timely manner. This was also monitored by the senior management team through an online system and regular communication with person in charge.

The provider had appointed a suitably qualified and experienced person in charge to oversee the day-to-day operations of the centre. They held governance remit over this centre only with both houses based nearby. Through effective monitoring systems, they were able to oversee the operations of both houses to ensure the service provided was safe and effective. They reported directly to the regional manager. There was evidence of ongoing communication within the governance structure through regular one-to-one meetings and governance meetings. These meetings were used as a tool to share concerns and discuss shared learning.

The staff team at the centre were also supported and facilitated to raise concerns. This was completed through the implementation of regular staff meetings and formal supervisory meetings. Staff spoke on the day of effective support in place through an open policy to raise concerns or discuss actions required in the centre. All staff within the centre were supported to complete training which had been deemed mandatory to meet the assessed needs currently residing in the centre. This included training in the area of human rights, safeguarding vulnerable adults from abuse and manual handling. A training matrix ensured that the person in charge

could monitor the training needs of staff and plan for refresher training.

Since the previous inspections there was an improvement in the adherence to the complaints process. Residents were supported to make a complaint and these were addressed in a timely manner. Staff ensured residents and the complainant were satisfied within the outcome of the complaint.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained information as required by the regulations. Garda Vetting remained outstanding for the persons participating in management.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge of the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the registered provider ensured that there were sufficient staffing levels were present to meet the assessed needs of the residents. Following a review of the changing needs of residents additional support was being sourced by the provider for morning hours in one house under the remit of the centre.

There was an actual and planned roster in place.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured effective systems were in place for the training and

development of the staff team. The person in charge maintained a training matrix to monitor the training needs of staff and ensure these were addressed promptly. The person in charge had ensured effective measures were in place for the appropriate supervision of staff. This included staff meetings, face-to-face interactions and formal supervisory meetings.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including cover in the case of injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the assistant directors of services. There was evidence of quality assurance audits being implemented to ensure the service provided was appropriate to the resident's needs. The quality assurance audits included the annual review of 2023 and six-monthly provider visits. In addition, there was evidence of local audits completed by the person in charge and delegated staff members taking place in the centre.

The inspector observed adherence to the compliance plan response submitted following the previous HIQA inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a Statement of Purpose which contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the development of an effective complaints procedure. This included the resolution of the complaint and the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Kilcummin Residential Services consisted of two houses located on the outskirts of a large rural town. The centre currently supports seven residents in a full-time capacity. The centre had completed a range of building works since the previous HIQA inspection to ensure the premises were safe, suitably decorated and to a high standard. Residents were consulted throughout this process. All residents were supported to attend weekly resident forums in the centre. This was used to plan such things as the menu and activities for the coming week. Residents were informed of any events or changes to the centre in these meetings including the complaints process and how to stay safe.

Each resident had been supported to develop a comprehensive personal plan. These plans were individual to the residents' assessed needs and were reviewed annually or as required. Each resident received a review of their multi-disciplinary needs which guided staff in the enhancement of personal goals and health management plans. Residents who had an underlying diagnosis of dementia were supported to meet their specific needs of residents. The person in charge was aware of the changing needs of the residents currently residing in the centre and was actively supporting this.

The person-centred planning process in the centre was evidenced to be continuous and ongoing activity in the centre throughout the year. Each resident has a range of personal goals which were monitored using a stepped approach. Staff would record all steps taken to ensure residents were supported to meet their personal goals. These included volunteer work, cake sales, shopping and attending their favourite singer in concert. Staff spoke of goals coming as part of the resident's daily routine when achieved. One resident happily informed the inspector they had returned to their day service.

The provider had established a risk management procedure in the centre. This included the development of risk assessments relevant to the individual assessed needs of residents. The person in charge had also developed a local risk register. This included the current control measures in place to minimise the likelihood and impact of an identified risk. Where additional actions were required this was highlighted and addressed by the person in charge.

The person in charge had ensured systems within the were effective in the keeping residents safe. This included in such areas as protection from abuse and fire safety. Following the transition of one resident to a centre which could meet their assessed

needs there was a marked decrease in alleged incidents. Overall, effective fire systems were in place. All internal door now had self-closing mechanisms in place. However, on the day of the inspection, damage was noted to an internal fore door following removal of a door lock. This required review.

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. The residents' choice of activities was respected.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. Overall, the designated centre was decorated in a homely manner and generally well-maintained with the required building works completed since the previous inspection.

Within one house under the remit of the centre, a foul smell was observed in some areas of the centre. Also, a tool was hanging from the wall should the door become locked. There was no documented evidence of this.

In the second house, the external driveway requires attention. This has been escalated to senior management through the risk and complaints process.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents guide was prepared by the provider which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre-specific risk register and individual risk assessments. The risk register

outlined the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured there were effective systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided staff in supporting residents to evacuate. On the day of the inspection, damage was noted to an internal fore door following removal of a door lock. This required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear comfortable in their home. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring residents were kept safe at all times.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge had ensured that the centre was operated in a manner which

respected the rights of all individuals. Residents were consulted in the day to day operations of the centre through keyworker and house meetings.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilcummin Residential Services OSV-0007962

Inspection ID: MON-0032686

Date of inspection: 25/10/2023

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 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Garda vetting for relevant PPIM's was submitted on 14/12/2023	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Inspection of the foul smell lead to the discovery of a leak on the premises. This is considered to be the source of the smell. Leak was fixed by plumber/maintenance. Mould concerns addressed- issue was too many waste pipes in one drain causing blockages. Tool has been removed. This was in association with a previous resident who had a risk of locking himself in the bathroom and being unable to open it himself. This resident no longer resides in this house. Business Case to be submitted to the HSE by 31.1.2023 for the house requiring external groundworks development.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire door has been replaced. Additional works required will be completed by January 12th, 2024.	

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 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	14/12/2023
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	
Regulation 17(1)(c)	The registered provider shall	Substantially Compliant	Yellow	

	ensure the premises of the designated centre are clean and suitably decorated.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	12/01/2024