



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

Issued by the Chief Inspector

Name of designated centre:	Tralee Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	16 April 2021
Centre ID:	OSV-0003426
Fieldwork ID:	MON-0030869

About the designated centre

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

Tralee Residential Services is made up of three houses located in a town; one is a detached two-storey house, the second is a detached bungalow and the third is a two-storey building that is connected to a day services centre. This designated centre provides a residential service for a maximum of 12 residents of both genders, over the age of 18 with intellectual disabilities. Each resident in the centre has their own bedroom and other rooms throughout the centre include sitting rooms, kitchens, dining rooms, bathrooms and staff rooms. Residents are supported by the person in charge, a social care leader, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 16 April 2021	10:45hrs to 16:53hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

From what residents told the inspector and what was observed, residents were being supported in a person-centred way during the ongoing COVID-19 pandemic. As part of this residents were supported to remain active during the day and to make informed decisions about the care they received.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to all national and local guidelines. As a result the inspector was only present in one of the three houses that made up this designated centre but reviewed documentation from all three houses. During this inspection social distancing was maintained when communicating with residents and staff while personal protective equipment (PPE) was also used.

On arrival at the house visited by the inspector, the four residents living there were leaving their home to go for a walk with support from a staff member. Some of the residents greeted the inspector with one resident touching elbows with the inspector. After this walk, residents participated in an arts and crafts session in a day service building that was located near their house but returning for lunch. After this residents were seen to be relaxing watching television and towards the end of the inspection, some residents were overheard participating in a sing-along session that took place via Zoom.

This session took place in the sitting room of the house visited and overall it was seen that this premises was presented in a homely manner which was well furnished and well decorated. Throughout the house there was pictures of residents and drawings on display. Each resident had their own bedroom and one resident spoken with by the inspector commented positively on their bedroom. However, in resident satisfaction surveys read by the inspector it was noted that some residents in other houses of this centre highlighted that some redecoration was needed. Comments made by residents included "painting needs to be done". The inspector was informed that a program of maintenance works was currently in progress for these houses.

Aside from aspects of the premises, residents' surveys generally contained very positive responses on aspects of the services they received such as the choices of activities they were offered and the availability of good quality food. It was also noted that family members of some residents had completed similar surveys. Again, these contained overall positive responses with some family members commenting that "the service my brother gets is excellent" and "my sister is always allowed to express her opinions and is encouraged to make decisions for herself".

Residents were supported to maintain contact with family members during the COVID-19 pandemic via telephone and video calls while window visits had also been facilitated during national restrictions on visiting. One resident showed the inspector the tablet they used to make video calls to their sibling. This resident indicated that

they liked living in the centre and liked the staff. While speaking with the inspector, this resident pointed the inspector towards a photo of a former resident of this centre who had recently passed away.

Copies of some easy-to-read newsletters which the provider had made for distribution across all of its designated centres were also shown to the inspector by this resident. Such newsletters contained details of activities happening within the provider and marked special occasions also. The resident appeared very happy and proud that photos of them were on display in some newsletters which showed the resident involved in candle stick making and celebrating their birthday.

These newsletters were one of the ways the provider used to keep residents informed on the running of this designated centre. In addition, to this residents were being given information and consulted through weekly quality of life meetings. Recent meetings were used to give residents information relating to COVID-19 and COVID-19 vaccines. It was seen that a lot of work had been done with residents to support them in deciding if they wanted to receive such vaccines or not. This included providing the residents with easy-to-read information, having one-to-one discussions with residents and consulting with family members.

Residents had also been involved in developing their individual personal plans and participated in person-centred planning meetings that were held annually to inform such plans. Where family members of some residents had been unable to physically attend these meetings due to COVID-19 restrictions, Zoom had been used so their input could also be obtained. The personal plans outlined various supports which residents needed. For example, these plans contained directions for staff on how to preserve residents' dignity and bodily integrity when supporting them with their intimate personal care.

During person-centred planning meetings, specific goals were identified for residents to achieve. These included things like going for afternoon tea, going to a concert, redecorating bedrooms and staying with family. While it was noted that COVID-19 restrictions made progress with some of these goals difficult and that the pandemic limited the potential scope of some goals, it was noted that some of the goals identified for residents were basic and quickly accomplished.

Prior to COVID-19, residents have been engaged in community based activities and day services. However, residents' ability to participate in these was limited by the wider COVID-19 restrictions that had been in place for much of 2020 and 2021. Residents now received their day services in their home with alternative arrangements put in place to support residents to participate in activities they enjoyed. For example, residents had been facilitated to partake in some of their favourite activities though Zoom classes made available by the provider. Such activities included baking, bingo, Zumba and drama sessions. These activities were also promoted in the provider's newsletters.

In summary, the inspector found that residents had been well supported during the COVID-19 pandemic and resulting restrictions. From speaking with residents and staff, through observations and a review of documentation, it was evident that staff

and the local management team were striving to ensure that residents lived in a supportive and caring environment where they were empowered to have control over and make choices in relation to their day-to-day lives.

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

Overall, the management systems in place had ensured that residents had been well supported during the COVID-19 pandemic. It was noted though that there had been some inconsistencies in the submission of statutory notifications to HIQA.

The designated centre was first registered until July 2021 with its initial registration including a restrictive condition to improve the fire safety measures in place throughout the centre. This condition initially had a time frame of 31 July 2018 for completion but the provider varied this time frame to 28 February 2019. After HIQA had received confirmation that the necessary fire safety works had been completed, the restrictive condition was removed. The purpose of the current inspection was to inform a decision on whether this centre would have its registration renewed for a further three years.

There was evidence throughout this inspection that, in general, the provider was meeting its requirements under the regulations. For example, the provider had ensured that a statement of purpose was in place which outlined the services to be provided to residents, the organisational structure in place in the designated centre, a description of the centre and the profile of residents that was to be supported. The provider had also ensured that appropriate insurance arrangements were in effect for the designated centre.

Under the regulations the provider is required to carry out unannounced visits to the centre to review the quality of care and support provided to residents every 6 months and prepare a report of such visits. Such visits had been completed in January 2020, July 2020 and January 2021 with the inspector reviewing the two most recent reports. It was seen that the visits and reports focused on the services provided to residents and where any issues were identified, responsibility was assigned to a specific individual to address such issues as part of an action plan put in place. Evidence was seen during this inspection that actions identified were being addressed.

An annual review for 2020 had also been carried for the centre which included consultation with residents. It was noted that the provider was using information gathered about this designated centre to inform the annual review process. For example, it was seen that the annual review included data relating to complaints

and any accidents or incidents that had occurred in the centre throughout 2020. However, when reviewing incident records in the centre, the inspector identified some matters which occurred during 2020 that were of a potential safeguarding nature and had not been notified to HIQA. It was also noted that similar incidents which occurred during 2018 and 2019 had been notified to HIQA previously. Following completion of this inspection, some retrospective notifications were submitted by the provider to HIQA.

When reviewing other documentation in the designated centre, including staff rosters for all three houses of the centre, it was seen that there was a strong consistency of staff in place throughout the centre. Arrangements were in place for planned and actual staff rosters to be maintained which is important to show the individual staff members who worked in the centre and the hours that they were on duty for. However, when reviewing a sample of the actual rosters for some houses, the inspector did observe some entries into these rosters which were illegible.

Regulation 15: Staffing

A strong consistency of staff support had been provided to residents which is important to ensure a continuity of care and to promote professional relationships. Planned and actual rosters were maintained in the centre but some entries in the actual rosters were illegible.

Judgment: Substantially compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that it was monitoring the services provided to residents. For example, the provider was carrying out a range of audits in all three houses along with regulatory requirements such as provider unannounced visits and annual reviews.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that contained all for the required information such as the arrangements for respecting residents' privacy and dignity, the arrangements for residents to attend religious services and the arrangements for reviews of residents' personal plans.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications to HIQA of incidents occurring in the designated centre which were potentially safeguarding in nature were not being done in a consistent manner.

Judgment: Not compliant

Quality and safety

Measures were in place to ensure that residents' health, personal and social needs were met. However, inconsistencies were noted in the application of safeguarding processes in the centre.

In response to the COVID-19 pandemic, the provider had ensured that contingency plans were in place. As part of these guidance was available outlining what to do in the event of a suspected case or a confirmed case of COVID-19 within the centre. Each house of the centre had a specific COVID-19 folder that was updated regularly with the most recent information and guidance as it became available. The provider also had isolation facilities available for residents in another of its designated centres if needed. On the day of inspection, it was observed that staff were using PPE while measures were in operation to carry out checks on any visitors to the designated centre.

Such measures helped to ensure that residents were protected by proper infection prevent and control practices and it was seen that residents had been supported to participate in hand hygiene courses during 2021. Risk assessments in place in this designated centre had also been updated to take account of COVID-19 and it was seen that various risk assessments were in place relating to different matters impacted by COVID-19 such as visiting and anxiety that could result from the pandemic. Such measures were intended to promote the safety and health of residents and it was noted that there had been no confirmed resident cases of

COVID-19 in this centre since the beginning of the pandemic.

A system was in operation for any accidents and incidents occurring in this designated centre to be recorded and reviewed. When reviewing this, the inspector noted some incidents occurring during 2020 which were potentially safeguarding in nature. It was seen that the provider had taken action in response to some of these to prevent the possibility of them happening again and for other incidents risk assessments were in place. However, it was found that safeguarding procedures for some of these incidents, which had a negative impact on residents, had not been followed or sufficiently considered. While this was an area for improvement, the inspector did not identify any current safeguarding concerns at the time of inspection.

It was also seen that the provider was taking active steps to ensure that residents were supported to enjoy the best possible health. There was regular monitoring of residents' health while processes were in place to assess any potential health needs of residents with care plans put in place for any issues identified or ongoing needs. Residents were also supported to access various allied health professionals such as neurologists and physiotherapists. In the event that residents were required to go to hospital, they had recently reviewed hospital passports in place outlining their medical backgrounds and key information to support their hospital stay.

Such hospital passports were contained within residents' overall personal plans which are a key requirement of the regulations and intended to provide guidance on how to support residents with identified needs. It was seen from a sample reviewed that personal plans were maintained to a good standard which helped meet residents' needs. As part of the personal planning process in operation in the designated centre, residents participated in person-centred planning meetings annually with staff support. Such meetings were used to help identify goals for residents. It was seen that these goals were being reviewed and progressed where appropriate to do so in light of the ongoing COVID-19 pandemic. However, it was noted that some of the goals identified were very basic in nature and had been quickly completed after being identified.

Regulation 13: General welfare and development

While community activities were limited on account of COVID-19 restrictions, technology was used to support residents engage in activities which were of interest to them such as baking and drama. Contact with family and friends was also encouraged and supported.

Judgment: Compliant

Regulation 17: Premises

Some parts of some of the houses for this designated centre required some painting and redecoration.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in operation in the designated centre to record and monitor any incidents taking place in the centre. A risk management process was also in use with risk assessments in place for identified risks. Such risk assessments had been reviewed to take account of COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

Measures were taken to ensure that residents were protected by appropriate infection prevention and control measures. These included providing staff with updated guidance and the use of PPE.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had personal plans in place which were informed by relevant assessments. While overall arrangements were in place to support residents' needs, it was noted that some goals identified for residents during the personal planning process were very basic in nature and had been quickly completed after being identified.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health was being promoted. For example, residents had specific care plans in place providing guidance for staff to support residents with identified health

needs while there was regular monitoring of residents' health.

Judgment: Compliant

Regulation 8: Protection

Safeguarding procedures for some incidents occurring in the designated centre, which had a negative impact on residents, had not been followed or sufficiently considered.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were actively consulted in relation to the running of the centre and were given information. For example, residents were given information relating to COVID-19 vaccinations to support them to come to a decision as to whether they wanted to take the vaccines or not.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tralee Residential Services OSV-0003426

Inspection ID: MON-0030869

Date of inspection: 16/04/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC/PPIM will ensure that the staff roster is legible, clearly showing staff on duty and that the roster is properly maintained.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC/PPIM going forward will ensure that all adverse incidents occurring in the Designated Centre will be reported to the Chief Inspector within 3 working days. The PIC will consult with the Designated officer in relation to any incidents of concern.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: There are 3 houses within the Designated centre. One house has been painted internally. One house will have internal painting completed by July 21 and the 3rd house is scheduled to be painted in July 21. The residents' personal choices will be taken into account when being completed. Power hosing of all external walls and footpaths of the 3 houses has been completed. Other maintenance that was required in houses has been	

addressed such as replacement of flooring in a residents bedroom, replacement of a shower door, restrictors on some windows have been fixed, water damage areas have been treated, dampness areas have been attended to and plumbing issues have been attended to.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

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

The PIC/PPIM will engage with Keyworkers and residents to complete a full review of the resident's goals. Goals will be developed in accordance with the residents wishes and to maximize the residents' personal development

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The PIC/PPIM will initiate and complete a preliminary screening in relation to any incident, allegation or suspicion of abuse. An action plan will be put in place to support any resident who has been harmed or suffers any form of abuse. The safeguarding and protection team and HIQA will be notified of same. Zero tolerance to any type of abuse will be reiterated at team meetings, resident's meetings and also at organization management meetings.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/05/2021
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	31/10/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation,	Not Compliant	Orange	31/05/2021

	suspected or confirmed, of abuse of any resident.			
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	31/05/2021
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	31/05/2021