



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

## Issued by the Chief Inspector

Name of designated centre:	Listowel Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	10 June 2022
Centre ID:	OSV-0003429
Fieldwork ID:	MON-0037006

## About the designated centre

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

Listowel Residential Services consists of one detached two-storey house located on the outskirts of a town and a second detached two-storey house located a short distance away outside the town. One house can provide full time residential support for up to six residents but can also provide some emergency respite if required. The other house can provide full time residential support for up to five residents. In total the centre can support a maximum of seven residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom 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 support workers.

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

Number of residents on the date of inspection:	9
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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 10 June 2022	09:30hrs to 19:00hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The residents spoken with during this inspection said that they liked living in this house with some indicating that they felt safe. Despite this, some incidents reports and observations of the inspector in one house indicated that one resident was having an adverse impact on the residents they were living with.

This centre was made up of two house and upon visiting the first house it was noted that outside the house were some colourful potted flowers at the front door. Upon entering the house, five residents were present who were being supported with personal care or relaxing with four residents preparing to leave the house to go a nearby day services operated by the same provider. One resident was to receive their day services in the house for the day while a sixth resident who lived in this house was with some family members on the day of inspection.

The inspector had an opportunity to observe events in this house and to speak with some of the residents before they left the house to attend day services. The atmosphere in this house was calm with relaxed with some residents seated in the house's sitting and living rooms waiting to depart. Staff were observed and overheard to interact with residents in a pleasant and warm manner with any assistance provided to residents in an unrushed manner. One of these residents greeted the inspector but otherwise did not engage with the inspector. Another resident asked the inspector if he knew certain people and also talked about going home at weekends to their family.

A third resident told the inspector that they liked living in this house and liked the staff. When asked by the inspector if there was anything that they did not like about living in the house, the resident repeated that they liked living there. The resident also talked about liking their day services and mentioned about an upcoming birthday party that they would having in the house. Shortly after these three residents left the house with a staff member using the house's vehicle to attend their day services.

The staff member returned shortly after to collect the fourth resident who was leaving the house to attend the same day services. This resident was met by the inspector as they were leaving and appeared happy but did not meaningfully interact with the inspector. The resident who remained in the house for their day services also did not interact directly with the inspector. However, it was seen that throughout the inspector's time in the house, this resident appeared calm and content while they were also seen to smile on occasion. The inspector also used his time in this house to review the premises where this resident lived with their peers.

It was generally seem that large parts of the house were well-furnished and homelike. For example, in the house's sitting room it was observed that there was plenty of ornaments, resident photographs and some awards which a resident had won for art on display. However, it was observed that some of the fitting and

fixtures in the kitchen appeared worn and in need of replacement. In particular it was observed that some kitchen door presses were worn and missing handles. During the inspection, the inspector read an incident report which detailed how earlier in 2022, one of the kitchen door presses had fallen off its hinges and nearly hit a staff member.

The doors to this kitchen and other doors throughout the house appeared to be fire doors which help contain the spread of fire and smoke in the event of a fire occurring. When the five residents had been present together in the house before four left for their day services, it was observed that a number of these fire door were held open by door stops which negated the fire door's intended purpose. It was acknowledged though that these doors were held open to support residents, some of whom had mobility aids, to move freely in the house and also to support the supervision of residents.

A number of fire doors also had clear signs on them indicating that door stops were not to be used on them. This included one of the fire doors leading to the kitchen. Despite this shortly after the inspector had arrived at this house it was seen that this door was one of the doors that was held open. Once the four residents had left the house to attend their day services, it was observed that all fire doors which had been held open were closed including the highlighted kitchen door. The rest of the house had other fire safety systems in place including a fire alarm, emergency lighting and fire extinguishers.

The house also had stocks of personal protective equipment (PPE) in place which included face masks, gowns and gloves. While most of these were in date, the inspector did observe one gown and some face visors that had passed their expiry dates. Staff members on duty were generally seen to wear face masks in this house, although the inspector did observe one brief instance where a staff member was not wearing a face mask while appearing to be within two metres of a resident. Some other supplies of PPE along with separate washing and drying machines were kept in a garage area of this house.

This garage which was also part of the registered centre was viewed by the inspector and was observed to be cluttered with various boxes and cleaning products also present. It was generally observed that the house overall was clean but in one bathroom the inspector did observe that some grab rails appeared worn and rusty while some taps in the same bathroom also appeared worn with the base of one tap requiring cleaning. In addition, it was observed that some doors in the house, such as the sitting room door, appeared stained and in need of a wipe down. During the inspector's time in this house, one staff member was seen doing some cleaning while records provided indicated that cleaning was carried out consistently in 2022.

While in this house other records reviewed by the inspector related to incidents occurring in both houses of the centre. When reading these it was noted that there appeared to be some incidents occurring in the centre's second house whereby the presentation of one resident would impact the residents that they were living with. Such incidents typically involved one resident vocalising loudly and it was read how

this could upset another resident in particular who was described as “convulsively crying” in response to one recent incident. It was also noted that a number of these incidents revolved around times when the residents in that house would be using that house’s vehicle. The inspector was informed that the residents involved continued to travel together in the same vehicle.

Towards the end of the inspection, the inspector left the first house and visited the second house. Upon arriving no one was present but shortly after four residents arrived back together with a staff member in the same vehicle having been attending day services. A fifth resident was with their family on the day of inspection. Upon the vehicle’s doors opening, the inspector heard the vocalisations of one resident. Other residents present seemed calm as they exited the vehicle and entered the house. Once inside, the vocalisations of one resident continued intermittently and could be clearly heard in different rooms of the house through closed doors. Other residents present did not appear immediately impacted by this with some relaxing in the house’s sun room while another resident supported a staff member in emptying the dishwasher.

One of these residents showed the inspector some work that they had done in the garden at the rear of the house and seemed proud of this. The resident also indicated that they were working in a café and liked this. When asked by the inspector if they liked living in this house and if they felt safe, the resident responded yes to be both questions. The resident did indicate though that they did not like the loud noise that came from another resident in the house and that they would go their bedroom a lot because of this. Another resident spoken with also indicated that they liked living in this house and felt safe. The other two residents present did not interact directly with the inspector.

Shortly after the inspector had spoken with some residents, the family members of one resident arrived at the house to bring that resident back to their family home. At this time the vocalisations of one resident became persistent and louder. This lasted for approximately five minutes during which time one resident left a communal room to go their bedroom. The inspector was later informed that this was because of these vocalisations. Once the family members had left the house with their relative, the vocalisations in the house stopped however immediately afterwards one remaining resident appeared unsettled by these and had to be reassured twice by the staff member on duty who did this in an appropriate, pleasant and calm manner.

It was noted that the atmosphere for remainder of the remainder of the inspector’s time in this house was calm and that there no further vocalisations. This house was seen to be presented in a homely, well-furnished and well maintained manner generally although it was seen that the door of one kitchen press was damaged. The house was observed to be clean and was also equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Some fire doors had signs on them indicating that door stops were not to be used on them and none of the fire doors in this house were seen to be held open while the inspector was present. Upon leaving this house it was noted that it had external painting completed since HIQA had last visited this house which had greatly

improved the appearance of the house.

In summary, the houses provided for residents to live were generally homely and well-furnished but improvement were required in some areas particularly in the kitchen of one house. There were clear indications that the presentation of one resident was impacting other residents in one house. The residents spoken with generally gave positive feedback to the inspector while staff members on duty engaged positively with the residents they were supporting.

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

A suitable person in charge had been appointed for this centre while a continuity of staff support was also provided to support residents. While the provider did have monitoring systems in operation, some noncompliances were identified in key regulations during this inspection.

This designated centre was last inspected by the Health Information and Quality Authority (HIQA) in January 2021 where an overall good level of compliance was found. At that time the centre was made up of one house only and following that inspection the centre had its registration renewed until May 2024. Towards the end of 2021 the provider applied to vary its registration conditions to increase the capacity and footprint of the centre by adding a second house to the current centre. The second house had previously being registered as a standalone designated centre operated by the same provider and following receipt of the necessary documentation, the relevant registration applications were granted and fully took effect in March 2022.

As part of those applications the provider had submitted a statement of purpose which reflected the increase footprint of the centre. The statement of purpose is an important governance document which should reflect the services to be provided to residents while also containing specific information as required by the regulations. The inspector was provided with a copy of the most recent statement of purpose which had been recently reviewed and contained most of the required information such as details of the staffing arrangements in place, a description of both houses and information about day services facilities provided. It was noted though that the statement of purpose had not been fully updated to reflect the centre's current registration conditions following the increase in the centre's capacity and footprint.

Amongst the information contained within the statement of purpose was details of the person in charge who was present during this inspection. The person in charge had the necessary skills, experience and qualifications to meet the requirements of

the regulations and throughout this inspection they demonstrated a strong knowledge of the operations of both houses of the centre and the needs of the residents living there. They also ensured that all requested information was provided to the inspector and there was evidence that they were maintaining oversight of the houses by being present in both regularly while also overseeing local audits in various areas such as infection prevention and control, risk and fire safety.

The provider had overarching monitoring systems in operation which included annual reviews and six monthly provider unannounced visits. These are required by the regulations and it was seen that the most recent provider unannounced visits and annual review had last been completed when this centre was comprised of just one house. Written reports of these were provided to the inspector to review. The regulations also require the provider's monitoring systems ensure that the centre is safe and appropriate to residents' needs. As referenced elsewhere in this report, there were clear indications that the presentation of one resident in one house was impacting other residents. While those involved in the management of this centre were aware of this and taking efforts to address it, some key regulations were found to be in noncompliance related to this issue.

The provider had ensured that the residents of this centre were provided with a continuity of staff support which is important in ensuring consistent care and knowledge of residents while also promoting professional relationships. This was indicated to the inspector by some staff while planned and actual staff rosters maintained also indicated a consistency of staff support. Staff members spoken with during this inspection demonstrated a good awareness of residents' needs and how to support these. This gave assurances on the staff support provided to residents. However, the inspector was informed that there had been some occasions when a staff specifically assigned to one house of this centre was redeployed to another designated centre. While it was noted that this was contributed to by COVID-19 factors, this meant that the staffing arrangements as outlined in the statement of purpose were not always provided for the centre.

Staffing was an area that was referenced in the contracts for the provisions of services that residents had in place. These are required by the regulations and should set out the services residents are to receive and the fees residents are to pay. Under the regulations such contracts should be agreed between the registered provider and the residents or their families. The inspector reviewed a sample of such contracts and noted that they did outline the services residents were to receive and did indicate the fees residents were to pay. However, when reviewing other documentation for one resident, reference was made to the resident paying a different amount than was indicated in their contract. In addition, it was noted that the contracts seen were signed on behalf of the provider by members of staff but it was indicated that these staff did not have the authority to sign such contracts on behalf of the provider. As such it could not be said that these contracts had been agreed to between the provider and the residents or their families.

## Regulation 14: Persons in charge

A suitably skilled, experienced and qualified person in charge was in place for this centre.

Judgment: Compliant

### Regulation 15: Staffing

Staff rosters were maintained while a continuity of staff support was provided. There had been some occasions when a staff specifically assigned to one house of this centre was redeployed to another designated centre

Judgment: Substantially compliant

### Regulation 23: Governance and management

While the provider was making efforts to address concerns in one house, there were clear indication that the needs of one resident were impacting other residents in one house which was contributing to noncompliances under some key regulations.

Judgment: Not compliant

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

Two contracts for the provision of services seen were signed by member of staffs but it was indicated that they did not have the necessary authority to sign contracts on behalf of the provider. While the contracts outlined the fees residents were to pay, when reviewing other documentation for one resident, reference was made to the resident paying a different amount than was indicated in their contract

Judgment: Not compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place but it had not been updated to reflect a the centre's current conditions of registration.

Judgment: Substantially compliant

## Quality and safety

There were indications in one house that the presentation and needs of one resident was impacting other residents which was contributing to safeguarding concerns. Residents had personal plans provided but the recommendations of an occupational therapist (OT) relating to aspects of one house had not been fully implemented at the time of inspection.

As highlighted earlier in this report, there were incidents occurring whereby the presentation and needs of one resident was having a negative impact the residents they were living with in one house. It was acknowledged that presentation of the relevant resident had been impacted significantly by factors related to COVID-19 and that the provider was making active efforts to respond to this matter. Despite this some incidents were clearly upsetting certain residents and causing them to leave communal areas of the house where they lived to go outside or to go to their bedrooms. Such instances suggested that the rights of residents within their home were being impacted. There also indications that the vocalisations of the relevant resident were acting a trigger for another resident which was resulting in them engaging in challenging behaviour or requiring reassurance from staff members.

The efforts being taken by the provider in response included availing of multidisciplinary support and ensuring that the relevant resident was provided with a positive behaviour support plan which a staff member spoken with was very familiar with. It was also indicated to the inspector that there were times when the residents in this house got on well together. However, it was noted that the incidents occurring in this house had increased in the months leading up this inspection while similar incidents had also taken place earlier in the year and during 2021. Given the impact that these incidents were having on some residents, they were being regarded as safeguarding concerns with various safeguarding notifications submitted to HIQA as result. One such incident had occurred on the morning of this inspection and it was seen that where any safeguarding concerns arose, relevant referrals were being made with safeguarding plans also put in place.

Staff members were provided with relevant safeguarding training and it was seen that the safeguarding concerns arising where being risk assessed with relevant risk assessments having been reviewed recently to reflect the incidents occurring the house. The provider also had relevant policies covering risk management and challenging behaviour with the latter policy indicating that all incidents of disruptive behaviour were to be recorded on an incident report form. Despite this, it appeared as though the number of incidents recorded for the centre was relatively low compared to what the inspector was told, observed and read about in other documents. The person in charge informed the inspector that the daily notes of one particular resident were being provided to them on a daily basis to ensure that there was oversight of events happening in the relevant house. In addition to the risks

related to safeguarding, it was seen that a risk management process was being followed for other potential risks in the centre.

For example, there were risk assessments in place relating to the holding opening of fire doors and where follow up actions were identified from any incidents occurring there was evidence that these actions had been followed on. It was noted though that in one house some residents were assessed as being at a higher risk of falls and when reviewing records for one of these residents, the inspector read a report from an OT that had reviewed the house where this resident lived to identify any adaptations to reduce the risk. This OT report made various recommendations including changes to the resident's en suite bathroom to better suit their needs. The inspector was also informed that the OT had made similar recommendation for another resident in that house and while efforts had been made to implement these recommendations, some of them, including changes to en suite bathroom had not been completed at the time of this inspection.

The OT report seen by the inspector was contained with the resident's individualised personal plan. Such plans are required by the regulations and should reflect the assessed needs of residents while also being developed with input from residents and their families. The inspector reviewed a sample of these plans and noted that they had been informed by relevant assessments with specific care plans in place for assessed needs. Personal plans were generally noted to have been recently reviewed. It was indicated though that personal plans were not available in an easy-to-read format and while residents were supported to be involved in their personal plans' development through a person centred planning process, for one resident there had periods of over 12 months between relevant person-centred planning meetings. Such meetings were used to identify goals for residents to achieve and some goals identified for residents included building fitness, decorating bedrooms and encouraging art projects. From reviewing relevant documents and speaking to staff there was evidence that residents were being supported in achieving these goals.

## Regulation 12: Personal possessions

When reviewing some resident records it was noted that one resident did not have a list of their possessions maintained. Another resident did have such a list but it was noted not contain all of their belongings.

Judgment: Substantially compliant

## Regulation 17: Premises

Recommendations of an OT relating to one house had not been fully implemented.

Some maintenance was required particularly regarding the kitchen of one house. Some doors were observed to require a wipe down while the base of one tap in a bathroom also needed cleaning.

Judgment: Not compliant

### Regulation 26: Risk management procedures

A risk management policy was in place. Assessments were being completed for identified risk which were reviewed recently and updated to reflect recent incidents occurring. Where actions were identified related to risk there was evidence of follow up.

Judgment: Compliant

### Regulation 27: Protection against infection

Supplies of PPE were available but some had passed their expiry date while one staff was briefly seen without a face mask while appearing to be within two metres of a resident. The inspector was requested to sign in and provided with a digital thermometer to check his temperature at both of the houses where various COVID-19 related signage and hand sanitiser dispensers were present. COVID-19 contingency plans were in place for the centre with these indicating that staff were to check their temperatures twice a day. Despite this some gaps in staff temperature records were seen. Staff were provided with relevant training in infection prevention and control.

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

Based on incidents occurring in one house, the arrangements in place were not supporting the needs and presentation of all residents in that house. Personal plans were not available in an easy-to-read format. For one resident there had periods of over 12 months between relevant person-centred planning meetings.

Judgment: Not compliant

## Regulation 7: Positive behavioural support

Where necessary residents had positive behaviour support plans in place and a staff member spoken with demonstrated a good knowledge one such plan. Relevant training in de-escalation and invention as provided to staff.

Judgment: Compliant

## Regulation 8: Protection

In recent months there had been an increase in safeguarding notifications which were indicating a clear negative impact on some residents.

Judgment: Not compliant

## Regulation 9: Residents' rights

Residents were observed being treated respectfully and were consulted through regular resident meetings. It was noted that incidents occurring in one house resulted in some residents leaving communal areas to go their bedrooms or to go outside which impacted the residents' rights in their home.

Judgment: Substantially 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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Listowel Residential Services OSV-0003429

Inspection ID: MON-0037006

Date of inspection: 10/06/2022

## 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
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Redeployment of Staff during the COVID 19 is in place for all the Association's Designated Centres and is only used in emergency situations.</p> <p>Listowel Residential Services like all of our other services benefits from this policy. If there was an outbreak of COVID 19 in this Designated centre and a number of staff were off on COVID leave then the Association would redeploy staff into this service.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A contingency plan has been developed for staff to follow in the event of the behavior of one resident impacting on the other residents' protection and Human Rights. This contingency plan takes into account the following;</p> <p>Positive Behaviour Support Plan, PRN protocol, whether a change in environment is required for a period of time (ie; go for a drive/walk, utilise one of the day centre units which has been made available to the designated centre), staffing, in that, resident may require 1:1 staffing for a period of time (there are two staff on duty in the morning and evening until 8.30pm), pain check will be considered (staff will be mindful to keep an open mind and that other factors may be involved in an escalation of behaviour eg; pain) and transport, in that, if residents are about to embark on a journey and there is high anxiety present, an alternative mode of transport will be arranged with the support of the day centre and the other house within the designated centre.</p> <p>Alternative transport has been arranged as transitions are particularly difficult for one resident and this impacts on the other residents in the bus. This is outlined as follows;</p> <p>On 1st July, two residents commenced travelling to the day centre in the mornings on</p>	

different transport. On 8th July, separate transport was arranged for one resident in the AM and from 11th July, a new plan has commenced where this resident will travel separately to the day centre in the mornings going forward. In the evenings, one resident will travel home separately on a different bus. This has already commenced. From 18th July, a second resident will travel home separately in the evenings. On Friday evenings, one resident is now dropped home to family by residential staff and travels in the bus alone. This commenced on 1st July.

Formal safeguarding plans are in place for all the residents impacted.

The Psychologist will meet with all the residents and discuss the impact on them and provide oversight of the residents in relation to their wellbeing.

Regulation 24: Admissions and contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

The Person in Charge will complete a review of all contracts of support and ensure the most appropriate person has signed off on behalf of Kerry Parents and Friends Association.

Additionally, the person in charge will carry out a review of all money management contracts together with the residents and their keyworkers to ensure the most accurate information is contained within the contract.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Person in Charge has reviewed the statement of purpose and the most up to date certificate of registration is now in place.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The person in charge will conduct a review of all residents personal possessions record and ensure this is signed off by each keyworker and reviewed annually thereafter.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
The Association has submitted a business case to the HSE and is awaiting approval for the kitchen. However should the HSE not approve this submission the association will fund the cost of the kitchen replacement within the timescale set out.

The PIC has been in discussion with the Housing Officer and the builder, the

maintenance work on the two bathrooms and the shed area will be complete by the 31st August.

The grab rail will be replaced by 31st July.

Also, new cleaning schedules have been developed as part of the new infection, prevention and control policy. KPFA IP&C policy is at an advanced stage of development.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

There is a monthly PPE inventory carried out in the designated centre. Part of this now includes checking the expiry dates of PPE and discarding any PPE that is passed the expiry date.

The cleaning schedules for the organization have been reviewed and will be rolled out as part of the new organizational infection, prevention and control policy.

The guidance around facemasks and their use when being in close proximity to residents will be discussed at the next team meeting.

The person in charge has risk assessed the requirement for second temperature checking of staff while on duty to mitigate any risk if this is not done.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The use of door stops has been risk assessed and signage is in place on the doors in which door stops should not be used. There is a door stop protocol in place whereby staff will remove door stops at night, during fire drills and when the houses are vacated. Senior management will carry out random spot checks on door stop usage to raise awareness around their use and the risks involved with this. The PIC will discuss all of this with the teams in both houses at the next team meetings.

The submission for funding for door releases has been submitted to the HSE and we are awaiting a response.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The person in charge has already put in place a contingency plan as mentioned above and this has been discussed with the staff at the June team meeting. Individual transport will be arranged for this resident by 31st July. One resident will continue to be supported by the HSE Mental Health Team and the Association psychologist.

The person in charge will carry out a review of all person centred planning meetings for the residents and will create a schedule for future meetings in order to ensure these meetings are carried out within the required time frame.

A new easy read care plan has been developed and will be finalised and in place by 31<sup>st</sup> August 2022.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
The person in charge has created a contingency plan (detailed above) for staff to follow in the event of particular residents displaying behavior that challenges which may impact on the protection of other residents.

Formal safeguarding plans are in place for all the residents.

Individual transport will be arranged by 31<sup>st</sup> July.

The Psychologist will meet with all the residents individually and discuss the impact on them and provide oversight with the residents in relation to their wellbeing.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
A contingency plan (detailed above) has been developed for staff to follow in the event of the behavior of one resident impacting on the other residents' protection and Human Rights.

Alternative transport to be arranged as transitions are particularly difficult for one resident and this impacts on the other residents in the bus.

Formal safeguarding plans are in place for all the residents impacted.

## 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 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	31/07/2022
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	31/07/2022
Regulation 17(1)(a)	The registered provider shall	Not Compliant	Orange	31/12/2022

	ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
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.	Not Compliant	Orange	31/12/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	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	31/08/2022
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident	Not Compliant	Orange	31/07/2022

	is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 24(4)(a)	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.	Substantially Compliant	Yellow	31/07/2022
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	31/07/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2022
Regulation 03(1)	The registered	Substantially	Yellow	30/06/2022

	provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Compliant		
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).	Not Compliant	Orange	31/07/2022
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	31/08/2022
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with	Substantially Compliant	Yellow	31/07/2022

	the resident's wishes, age and the nature of his or her disability.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/08/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/08/2022