



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

Issued by the Chief Inspector

Name of designated centre:	Tigh an Oileain
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	13 July 2021
Centre ID:	OSV-0001970
Fieldwork ID:	MON-0030981

About the designated centre

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

Tigh an Oileanin is a large detached purpose built one-storey building located on the outskirts of a village that can provide full time residential care for a maximum of five male residents over the age of 18 with intellectual disabilities. The centre also has one bedroom that can be used for respite by a male or female adult so in total the centre has a maximum capacity of six. Each resident has their own en suite bedroom and other rooms in the centre include a kitchen/dining room, a sun room, a sitting room, a music room, a games room and a utility room. 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:	5
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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
Tuesday 13 July 2021	10:35hrs to 17:15hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

On the day of the inspection, a pleasant atmosphere was present in the designated centre and there were indications that residents were being supported to maintain contact with family members and to accomplish goals that were meaningful for them.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to national and local guidelines. Social distancing was maintained when communicating with residents and staff while personal protective equipment (PPE) was used. To minimise movement while present in the designated centre, the inspector was based predominantly in a music room for most of the inspection.

The premises provided was generally well maintained and efforts had been made to give it a homely feel. For example, during the inspection it was observed that Kerry GAA and Manchester United flags were flying just outside the centre, arts works made by residents were on display, photos of residents were hung throughout the centre and some welcome home balloons were present in the reception area of the centre to mark the return of a resident to the centre the day before the inspection. It was highlighted to the inspector though that an issue had been identified with some of the electrics of the centre which would require some maintenance work to be undertaken.

At the time of this inspection, five residents were living in this designated centre, all of whom were met by the inspector. Three of the residents greeted the inspector but did not meaningfully engage with the inspector. However, it was noted that these three residents appeared content or happy with these residents seen to move freely around the designated centre and the garden area to the rear of the centre.

The remaining two residents did speak with the inspector. One of these residents indicated that they liked living in the designated centre and liked the staff. This resident showed the inspector their bedroom and also indicated that they were happy with this. It was noted that this bedroom was personalised with plenty of photos of the resident and their family on the walls. The resident spoke about family members and their involvement in setting up this designated centre. The resident pointed out certain family photos to the inspector and appeared proud of these.

The second resident spoken with also indicated that they were happy living in the designated centre and spoke positively about staff. The resident was a big Manchester United fan and talked about a recent signing they had made, attending a match in Manchester and watching the Euro 2020 final. The resident said that they put the Manchester United flag flying outside the centre and it was also noted the resident's bedroom had also been personalised to reflect their interests. For example, numerous posters of Manchester United players were stuck to the resident's bedroom door.

This resident also talked about having a job in a local shop before COVID-19 which they said they enjoyed. The resident also liked social farming and had returned to this the day before inspection and expressed their hope to return there again. The inspector asked the resident about their personal plan and the resident told the inspector that as part of this plan their keyworker had asked what things they wanted to do. This information was then used to inform specific goals for the resident that they wanted to achieve.

The resident was able to show the inspector where information about this goals was located which the inspector reviewed in the presence of the resident. It was noted that such goals included getting a new music player and the resident undertaking a Lent walking challenge. The resident told the inspector that they got a music player and had completed the walking the challenge which they monitored with their Fitbit. It was noted that the walking challenge was for the resident to walk 400,000 steps during Lent with the resident doing a total of 523,202 steps during this period. Achieving this goal appeared to give much pride to the resident.

Later on in the inspection, the same resident showed the inspector around the garden and shed that were located to the rear of the centre. In particular the resident highlighted a coup for hens, some plants that had been planted, the centre's barbecue, a pizza oven that residents had started to build and bird boxes that residents had helped to make and paint. Such endeavours were part of a specific garden project that staff had helped residents with during COVID-19 restrictions.

It was indicated to the inspector by staff that because of the pandemic the range of activities residents could engage in were more limited. As a result residents' goals and activities had been reviewed in the context of COVID-19 with the garden project being one of the outcomes of this. Facilities were present in the centre for residents to avail of activities also with a basketball hoop and football goal just outside the centre. Prior to the pandemic the residents living in this centre would have availed of an in-person day services but since restrictions came into force, day services activities such as arts and baking were available through Zoom for residents to engage with if they wanted.

The use of Zoom for such activities allowed residents to see people that they would normally have met in-person during day services. Residents were also supported to keep in contact with their families during the pandemic through telephone calls and visits for example. Some brief feedback from family members was contained within the designated centre's annual review for 2020 which was noted to be very positive. This annual review also outlined how the centre consulted with residents but it was seen that the outcome of such consultation was not clearly stated in the annual review.

Residents were consulted with through a person-centred planning process and through weekly residents meetings that took place in the centre. During these meeting issues such as safeguarding, complaints and food menus were discussed with residents. It was noted that these meetings were facilitated by staff working in the centre and while the inspector had limited opportunities to observe residents

and staff interactions during the inspection, the inspector did observe a staff member asking residents where they wanted to go for a walk while a person participating in management was overheard to interact very warmly with some residents.

In summary, efforts were being made to support residents to participate in activities, achieve goals and maintain contact with families. 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

Improvement was required in relation to the submission of required notifications and the monitoring systems in place for this centre.

This designated centre had previously been inspected by HIQA in July 2019 where an overall good level of compliance was found. Taking into account a compliance plan update for the July 2019 inspection that was received from the provider in March 2020 and receipt of a complete registration renewal application, a decision was made to renew the registration for the centre until October 2023 with no restrictive conditions. The purpose of the current inspection was to assess the compliance levels in the centre in recent times.

As part of the registration renewal application, the provider submitted a statement of purpose which is an important governance document in setting out the services to be provided to residents. The inspector reviewed the statement of purpose that was present in the centre during the inspection and noted that, while it contained the majority of the information required by the regulations, it had not been updated to reflect all of the information as outlined in the centre's current registration certificate. The statement of purpose did not also reflect a recent change in person in charge although it was acknowledged that the new person in charge had only commenced fully in their role the day before this inspection.

The statement of purpose did outline the staffing arrangements that were in place for the centre to support residents. It is important that staffing is provided in line with the statement of purpose so that residents' needs can be adequately supported. Previous inspections of this centre in 2017 and 2019 had highlighted staffing as an area for improvement. At the time of this inspection it was noted the provider had recently taken steps to ensure that the staffing provided was in keeping with the statement of purpose and also to provide additional staffing at weekends to support residents.

However, when reviewing documents in the centre reference was made to the staffing arrangements being an area of concern in the months leading up to this inspection. It was also noted that while staff rosters were maintained in the

designated centre, they did not represent an accurate reflection of the staff actually working in the centre at certain times. For example, the inspector noted one particular day where the rosters suggested that for a period of time that day no staff member was working in the centre. A person participating in management stressed that there were staff present in the centre on the day highlighted.

While reviewing other records in the centre, the inspector read a log of accidents and incidents occurring in the designated centre. Upon initial review this log suggested that all incidents which required notification to HIQA had been submitted. Under the regulations, certain incidents which, can negatively impact residents, must be notified to HIQA. However, other documents subsequently reviewed suggested that there may have been other incidents occurring, not included on the centre's accidents and incidents log, which required notification but had not been submitted at the time of inspection.

This matter was highlighted to the provider during the inspection who was requested to review this to determine if there had been any other incidents occurring in the centre which needed to be notified. It was subsequently confirmed by the provider the day following this inspection that some notifications would be submitted retrospectively to HIQA after this request with four such notifications subsequently received. In addition, while the provider did have monitoring systems in place for the centre, additional information received from the provider the day after the inspection indicated that on reviewing the queries raised by the inspector, the provider had determined that there had been a lack of systems, processes and checks in place to ensure a consistent approach to care and management for particular aspects of the service provided.

Regulation 15: Staffing

While some recent improvements had been made in relation to staffing, documents reviewed suggested that staffing had been an area of concern in the months leading up to this inspection. The maintenance of staff rosters required improvement.

Judgment: Substantially compliant

Regulation 23: Governance and management

The 2020 annual review did outline the outcome of consultation with residents. Additional information received from the provider arising from queries raised during this inspection indicated that there had been a lack of systems, processes and checks in place to ensure a consistent approach to care and management for particular aspects of the service provided.

Judgment: Not compliant

Regulation 3: Statement of purpose

While the statement of purpose in place contained most of the required information, it had not been updated in some areas such as to reflect the centre's current registration conditions as outlined in the certificate of registration.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Some of the notifications which required submission to HIQA had not been notified in a timely manner.

Judgment: Not compliant

Quality and safety

The provider had systems in place to involve residents in their personal plans and to support their needs. However, improvement was required in relation to the review of incidents occurring the centre and adherence to proper safeguarding procedures.

The designated centre and the provider overall had a risk management process in place which provided for the identification, assessment, response to and review of risks present in the designated centre. As part of this various risk assessments were in place for the centre which were noted to have been recently reviewed while a system was also in use for any accidents and incidents occurring in the designated centre to be recorded. Recording accidents and incidents is important as it forms part of an effective risk management process and helps ensure that risks are reviewed to take account of new developments.

During this inspection, the accidents and incident log for the centre was reviewed by the inspector but when later reviewing other documents these suggested that there may have been incidents occurring in the designated centre during 2021 which had not been logged. This was highlighted to the provider during the inspection and it was subsequently confirmed the day following this inspection that some incidents had taken place but had not been recorded as they should have been. This reduced the potential for these incidents to be considered from a risk management

perspective.

The information provided following the inspection also indicated that a positive behaviour support plan for one resident had not been followed while it was also indicated that a concern was raised during a staff meeting in 2021 about the behaviour of this resident. Such behaviour may have amounted to a safeguarding matter impacting on other residents. Arising from this concern, a referral to a health and social care professional was made but proper safeguarding procedures in accordance with the provider's own policies and national policy were not followed at the time.

Such areas required improvement but it was acknowledged that the provider did take prompt action once this matter were highlighted by the inspector. It was also seen during the inspection that other potential safeguarding incidents occurring in the designated centre during 2020 had been responded to appropriately while guidance was also available on supporting residents with their intimate personal care. This is important to ensure that residents' dignity and bodily integrity is maintained which is a specific requirement of the regulations.

The regulations also require all residents to have individual personal plans in place. Such plans are important in identifying the needs of residents and providing guidance for staff in meeting these needs. The provider also used a process of person-centred planning when developing personal plans. This involved each resident being assigned a particular staff member who served as a keyworker for the resident who helped them to identify goals which were important and meaningful to them. Upon reviewing a sample of personal plans it was noted that progress with such goals was regularly reviewed and there was evidence that goals were been achieved.

It was observed, when reviewing the personal plans, that there was a clear assessment process in place which helped to ensure that any assessed needs were reflected in a specific plan to help meet this need. For example, one resident with diabetes had a very detailed care plan around maintaining their health in this area. This included a range of guidance in supporting this need such as medicines to be provided and how the resident's diabetes was to be monitored. While the inspector did observe one slight inconsistency in this care plan, this was quickly addressed and it was also seen that decisions around supporting the resident with their diabetes were informed by advice by health and social professionals.

Regulation 13: General welfare and development

Facilities were available within the designated centre for activities while support was being given to maintain with residents' families.

Judgment: Compliant

Regulation 17: Premises
While the premises was homely, clean and generally well-maintained, it was highlighted to the inspector that an issue had been identified with some of the electrics of the centre which would require some maintenance work to be undertaken.
Judgment: Substantially compliant
Regulation 26: Risk management procedures
Not all incidents occurring this designated centre had been recorded which reduced the potential for these incidents to be considered from a risk management perspective.
Judgment: Not compliant
Regulation 5: Individual assessment and personal plan
Residents had individual personal plans in place which were informed by assessments and a person-centred planning process. As part of this process residents had goals identified for them which were regularly reviewed
Judgment: Compliant
Regulation 6: Health care
Guidance was available in residents' personal plans on supporting their health. Residents' health was being monitored in areas such as their weight, blood pressure and, where necessary, their blood sugar levels.
Judgment: Compliant
Regulation 7: Positive behavioural support

This regulation was not reviewed in full during this inspection however in information received from the provider it was indicated that a positive behaviour support plan for one resident had not been followed.

Judgment: Substantially compliant

Regulation 8: Protection

A potential safeguarding concern that was raised during the staff team meeting had not managed in accordance with proper safeguarding procedures.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were consulted in relation to the running of the centre through weekly resident meetings where various topics were discussed. A staff member asking residents where they wanted to go for a walk. Information on advocacy was available in the designated centre.

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 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially 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	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tigh an Oileain OSV-0001970

Inspection ID: MON-0030981

Date of inspection: 13/07/2021

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Support Worker has been recruited since and their recruitment documents are being processed 30/09/2021</p> <p>Additional Staffing will be provided for weekends (an additional staff member will be rostered for 4-5 hours each day – on Saturdays and Sundays) immediately</p> <p>The layout of rosters will be updated immediately</p> <p>Copies of planned and factual rosters will be kept for records. immediately</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>Full review of the service will be carried out by senior management. Appropriate actions will be de developed following the review. 30/09/2021</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of purpose will be updated 30/09/2021</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Staff members will be provided with Report Writing and communication Training, which</p>	

is scheduled for 31/08/2021	
PIC will supervise and monitor incidents/accidents reporting procedures and will take actions accordingly. immediately	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Necessary maintenance work is currently being carried out in the Centre to address the electrical issues and is due to be completed by 20/08/2021	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Staff members will be provided with Report Writing and Communication Training, which is scheduled for 31/08/2021 PIC will supervise and monitor incidents/accidents reporting procedures and take actions accordingly. Immediately Full review of the service will be carried out by senior management. Appropriate actions will be de developed following the review. 30/09/2021	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Positive behavior support plan has been reviewed and updated by organizational senior clinical psychologist on the 09/08/2021. The document is being implemented with immediate effect. 31/08/2021	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: All staff are due to re-complete safeguarding training on HSELand. 30/09/2021 Staff members will be provided with Report Writing and communication Training, which is scheduled for 31/08/2021 PIC will hold weekly meetings with residents to discuss any issues they may have (keyworkers / Social Care Workers will hold the meetings in the event of absence of PIC Weekly, starting from 30/08/2021. Review of this action will take place after three months. Residents will be given the opportunity to speak with psychologist. 06/09/2021	

Staff are due to re-read all relevant organizational policies and procedures 30/09/2021

Review of practices in the house to ensure they are all person lead 30/09/2021

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(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	31/08/2021
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	10/08/2021
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff	Substantially Compliant	Yellow	20/08/2021

	shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
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	30/09/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/09/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Not Compliant	Orange	30/09/2021

	ongoing review of risk, including a system for responding to emergencies.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/09/2021
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, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	10/08/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/09/2021
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	Not Compliant	Orange	10/08/2021

	appropriate action where a resident is harmed or suffers abuse.			
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