



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

Issued by the Chief Inspector

Name of designated centre:	Listowel Respite Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	17 November 2022
Centre ID:	OSV-0005683
Fieldwork ID:	MON-0037546

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 17 November 2022	12:00hrs to 20:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The house viewed by the inspector was seen to be nicely presented, clean and homelike. Staff members on duty were seen to interact respectfully with residents while the atmosphere encountered was generally calm and relaxed.

At the start of the inspection the inspector visited one of the two houses that made up this centre. No residents or staff were present in the house at that time so the inspector did not access the house. After engaging with a member of the centre's management, the inspector was facilitated to access the second house of the centre. The inspector spent the remainder of the inspection in the second house and did not return to the first house and as such none of the three residents who were in that house on the day of inspection were met by the inspector.

When the inspector arrived at the second house no residents were initially present in the house. The inspector used some of the time in this house to review the premises provided. It was found that this house had four bedrooms available for residents to use and, while these bedrooms did vary in size, they were found to be well decorated and furnished. Each of the four bedrooms also had facilities for residents to store their personal belongings with furniture such as chest of drawers and wardrobes present.

The house was also provided with a large sitting room which had couches and a large television for residents to avail of. While this sitting room was generally found to be nicely presented and furnished, the inspector did note some cables hanging from the corners of this room's ceiling. Aside from the sitting room, a kitchen/living room was provided for also which had a television along with dining furniture and various kitchen appliances. While the kitchen décor was generally well maintained, the inspector did observe that some kitchen drawers needed replacing and that an internal window sill was chipped.

A staff room, a utility room and multiple bathrooms were also present in this house and overall it was seen that the house was clean particularly the bathrooms with a staff member observed to be doing some cleaning at one point in the inspection. The house itself appeared very homelike taking into account the general décor and furnishings provided. It was also seen that the house was surrounded by a large green area which was reasonably presented. When HIQA had visited this house previously in June 2022 it was found that this green area had been overgrown which had prevented residents from using it as garden.

Three residents were present in this house on the day of inspection but they only returned to the house towards the end of the inspection. The inspector met all three residents and did have some brief opportunities to speak to residents and to observe their interactions with staff members on duty. One of these residents was met while they were sitting on a couch in the sitting room watching television. While the inspector greeted this resident they did not engage directly with the inspector at this

time.

A second resident was met as they were sat in the kitchen/living room while they were using a tablet device and some headphones. This resident indicated they liked staying in the house as they were able to go to the cinema and go a harbour in a nearby town to see some boats. During this discussion a staff member came over to the resident with a pack of muffins and asked the resident which one they wanted. The resident pointed at a particular muffin and the staff member gave it to the resident. Shortly after another staff member went to the bedroom of the third resident and knocked on the resident's bedroom before entering.

Towards the end of their inspection, two residents were present in the kitchen/living area with one staff member present commenting that one resident was celebrating a graduation. The person in charge then entered and engaged pleasantly with both of these residents asking where they had been earlier in the day. One resident indicated that they had gone out for a meal with staff which they liked. The same resident then engaged jovially with both the person in the charge and inspector. The overall atmosphere at this time in the house was calm and relaxed.

In summary, residents were seen to be interacted with by staff members in a respectful manner. A resident spoken with indicated that they liked staying in the house visited by the inspector. It was observed that this house was presented in a homely and clean manner overall.

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, improvements had been made since the previous inspection which resulted in improved compliance levels. Some regulatory actions did remains from the previous inspection though, particularly relating to contracts for the provisions of services.

This centre was last inspected by HIQA in June 2022 where one of the two houses that made up this centre was focused upon. That inspection found that there had been a deterioration in compliance levels from previous inspections. In particular it was found that monitoring systems were not ensuring that relevant issues were promptly identified and addressed while it was also identified that the provider had increased the footprint of one of the centre's two houses without varying the centre's conditions of registration to reflect this. Since that time the provider had submitted a compliance plan outlining the measures they would take to come back into compliance for this centre. In addition, at the request of the Chief Inspector, an overall governance and management plan was also submitted by the provider,

which applied to all of the provider's designated centres. This plan outlined measures the provider intended to take to improve the oversight and governance structures in its centres including the current centre.

As such the purpose of the current inspection was to assess progress with the centre's compliance plan response and the provider's governance and management plan. Overall, the inspection found an improved level of compliance and there was evidence that the provider had generally implemented its actions. For example, the provider had submitted a relevant registration application to increase the size of the centre with this application in the process of being finalised at the time of the current inspection. Monitoring systems had also improved since the previous inspection and in recent months there had been a greater consistency in audits conducted at a local level in addition to unannounced visits by a representative of the provider. The June 2022 inspection had also highlighted that there been multiple changes in the person in charge role but since then a suitably skilled, experienced and qualified person had held this role. This also contributed to the improved compliance levels found on this inspection with the person in charge demonstrating a good knowledge around the running of the centre and the supports to residents.

Despite this, there remained some similar regulatory actions on this inspection that had been previously identified in June 2022 inspection. For example, in June 2022 inspection it was found that improvement was needed regarding contracts for the provisions of services. These are important documents as they set out an agreement between residents and the provider around the services residents are to receive while availing of a designated centre. In a November 2022 update for the provider's governance and management plan it was indicated that all resident had an updated contract of support. However, when reviewing some respite residents during this inspection it was found that these residents did not have contracts in place that had been agreed with the provider while the contract documents that were in place did not set out the fees residents were to pay. While it was acknowledged that a lot of residents availed of this respite in this centre and this matter was being reviewed by the provider, based on the evidence of this inspection, all residents did not have an updated contract for the provisions of services.

Aside from this, prior to this inspection the provider had identified that some of the agency staff (staff sourced from an organisation external to the provider) did not have all of the required documents in place. The provider had highlighted this to HIQA in advance of this inspection and was taking measures to prevent any similar instances. It was noted though that such agency staff were not reflected in the actual rosters worked and it was also highlighted that these rosters did not accurately reflect the hours that the person in charge was working. The person in charge oversaw the staff team that was in place and while the provider had highlighted staff pressures, efforts had been made to ensure that appropriate staffing was provided to support the running of the current centre. It was also note that staff meetings were occurring on a monthly basis. A sample of notes of such meetings were reviewed by the inspector and it was found that they covered topics such as safeguarding and individual residents amongst others.

Regulation 14: Persons in charge

A suitable person in charge was in place who met the requirements of the regulations in terms of their experience and knowledge. The person in charge was responsible for this centre only and worked full-time.

Judgment: Compliant

Regulation 15: Staffing

All of the required documents were not in place for some of the agency staff who had worked in this centre. Staff rosters maintained did not show when agency staff had worked in the centre nor the actual hours that the person in charge worked.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Formal staff supervisions were being completed with staff working in this centre. Notes of a sample of such supervisions were reviewed by the inspector and were found to cover areas such as training and organisational issues.

Judgment: Compliant

Regulation 23: Governance and management

Improved compliance levels were found during this inspection and there was evidence of a greater consistency of audits at a local level. However, some areas remained in need of improvement from the previous HIQA inspection in June 2022.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Some respite residents did not have contracts in place that been agreed with the provider while the contract documents that were in place did not set out the fees

these residents were to pay. Since the previous inspection there had been some admissions to this centre which were not in line with the centre's statement of purpose although it was acknowledged that there were particular reasons influencing these admissions.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose in place that contained all of the required information and reflected the increased size of the centre.

Judgment: Compliant

Quality and safety

Processes were in place to assess the needs of respite residents and reflect such needs in their personal plans. Improvement was required regarding residents' personal finances and risk management.

The house which was primarily focused on during this inspection generally provided a respite service with various different residents availing of this house throughout the year for varying respite stays. Regardless of whether residents avail of a centre on respite or live there full-time, the regulations require all residents to have an assessment of needs and a corresponding personal plan. It was found on this inspection that personal plans were in place for residents with the inspector reviewing a sample of these plans. When reviewing these it was noted that there were a clear assessment process in place focused on key resident needs such as their communication and health with guidance then provided on how to meet these needs within the personal plans which had been reviewed regularly. This provided assurance that, in general, information was available to support residents while they were availing of respite but it was noted that information for supporting some residents with personal intimate care was limited while one resident's positive behaviour support plan had not been reviewed in over 12 months.

It was found though that some specific risk assessments highlighted as needing review during the June 2022 inspection had been reviewed since then while efforts had also been made to address particular areas of risk that had been previously highlighted by HIQA. However, during this inspection it was found though that some potential risks based on incidents recorded as happening in both houses of the centre in recent months had not been reflected in risk assessments in keeping with a risk management process. For example, some recent incidents in one house raised

potential risks and negative outcomes for one resident related to absconding and road safety but the inspector was informed that a corresponding risk assessment was not in place.

In addition, this inspection also found that improvement was required regarding residents' personal finances. The inspector reviewed financial records relating to three residents who availed of this centre and found discrepancies or omissions in the records provided for all three residents. Such discrepancies included a receipt for a particular transaction for one resident indicating a specific amount for that transaction but in a corresponding transaction sheet for the resident it was found that a different amount was entered for the same transaction. In addition, the residents' personal finances records reviewed during this inspection did not provide assurance that the provider's policy in this area was being implemented in full. For example, the provider's policy on personal money of residents supported, which had been reviewed in May 2022, indicated that receipts were to be kept for all purposes and should be initialised but based on the receipts seen by the inspector, the majority of receipts were not initialised.

While this was an area in need of improvement from the last inspection, during this inspection it was found that appropriate fire safety processes were being followed in the house visited by the inspector. It was seen that this house had appropriate fire safety systems in place including a fire alarm, emergency lighting, fire extinguishers and fire containment measures. Such systems were also subject to regular maintenance checks to ensure that they were in proper working order. These maintenance checks were conducted by external contractors and it was also found that staff working in the centre were carrying out their own fire safety checks on a daily basis. The procedures on what to do in the event of a fire were found to be displayed in the centre and, to ensure that staff and residents were aware of what to do should a fire occur, regular fire drills were being completed in this house. The inspector reviewed a sample of records relating to these drills and noted that low evacuation times were being recorded.

Regulation 12: Personal possessions

The inspector reviewed financial records relating to three residents who availed of this centre and found discrepancies or omissions in the records provided for all three residents. Based on the residents' personal finances records reviewed during this inspection, the provider's policy in this area was not being implemented in full.

Judgment: Not compliant

Regulation 17: Premises

The house visited during this inspection was generally well presented and well-furnished although some minor areas were identified which required some maintenance such as a chipped window sill while some kitchen drawers also needed replacing.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

While there had been some improvement relating to risk management since the previous inspection, there had been some incidents occurring in both houses of the centre which highlighted potential risks but a corresponding risk assessment had not been put in place for these risks.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Cleaning records provided for the house visited during this inspection suggested it was being cleaned regularly. A relevant self-assessment on infection prevention and control had been recently completed while staff were provided with relevant training.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were in place in the house visited during this inspection while fire drills were also being completed regularly there with low evacuation times recorded.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

This regulation was not reviewed in full but during the inspection it was observed that the location of the key to the medicines press required review to ensure its

security.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
Residents had personal plans in place which were informed by relevant assessments and set out residents' needs and how to provide for these.
Judgment: Compliant
Regulation 7: Positive behavioural support
One resident's positive behaviour support plan had not been reviewed in over 12 months. Some staff required training in de-escalation and intervention.
Judgment: Substantially compliant
Regulation 8: Protection
Appropriate safeguarding referrals were made with safeguarding plans put in place where necessary. Information for supporting some residents with personal intimate care was limited.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Listowel Respite Services OSV-0005683

Inspection ID: MON-0037546

Date of inspection: 17/11/2022

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
Outline how you are going to come into compliance with Regulation 15: Staffing: All agency staff are now recorded on the roster with their name on the roster, rather than just a note about to say which hours agency staff had covered. Where agency staff are covering a shift that cannot be filled by KPFA staff, the necessary documentation must be supplied to KPFA management prior to the staff working the shift (i.e. Garda vetting and references). These measures have been in place since November.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Audits are being allocated to staff to complete each month, this is communicated to all staff via email at the beginning of the month. The manager is checking each month to ensure that staff have completed the audits. All audits are up to date.	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: New contracts of support have been printed that set out the fees to be paid for attending respite. The PIC has agreed with the Assistant Director of Service to sign the contracts of support as part of the monthly ADOS/PIC meetings. Service users and/or their families will be asked to sign the new contracts of support when they attend respite; it is planned to have all contracts of support updated by the end of June 2023 for all service users who are currently attending the service (due to the numbers accessing the service, approximately 90+, this is likely to take considerable time to complete). For any new service users, or those returning to the service, they will be asked to sign the updated contracts of support before they start/return to the service.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The discrepancies in the recording of service user's finances have been discussed at the monthly team meetings for November and December; two staff have to check all monies	

going forward. The manager will do spot checks on the records of service user's monies. Staff have been informed that they have to sign/initial all receipts. All monies and receipts will be reviewed, and any errors will be corrected; this will be completed by the end of April 2023.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance request forms have been submitted to maintenance team, and options to replace the drawers have been discussed with the maintenance staff. It is planned to put in a shelf unit and a door to replace the drawers. The window sill will be painted by the maintenance team, and all work will be completed by the end of April 2023.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Management of risks was discussed at the December team meeting and where there are two or more repeated incidents, the keyworker has to complete a risk assessment identifying the risks posed and the controls to mitigate the risk. The identified risks that had not been in place at the time of the inspection were completed on 11th of November 2022.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Lock boxes with combination locks have been ordered for both houses to keep the keys to the medicine cabinets in while not in use. These will be installed by the end of January 2023.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Staff have been reviewing each of the residents files, including the behaviour support plans, and this should be completed by the end of February 2023. A log of the review for each file has been in place since September, and the PIC will have a schedule for reviewing each file completed by the end of January 2023. The PIC has been in contact with staff who have recently completed training on Crisis Prevention Intervention training, and it is planned to have all staff trained in CPI by the end of April 2023.	

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.	Not Compliant	Orange	30/04/2023
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	30/11/2023
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and	Substantially Compliant	Yellow	30/11/2023

	documents specified in Schedule 2.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2023
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.	Substantially Compliant	Yellow	30/11/2023
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/04/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the	Not Compliant	Orange	30/04/2023

	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.	Not Compliant	Orange	30/06/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	11/11/2022
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the	Substantially Compliant	Yellow	30/01/2023

	designated centre is stored securely.			
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	28/02/2023
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	30/04/2023