



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

Issued by the Chief Inspector

Name of designated centre:	Tralee Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	23 January 2024
Centre ID:	OSV-0003426
Fieldwork ID:	MON-0033771

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
Tuesday 23 January 2024	09:45hrs to 15:35hrs	Laura O'Sullivan	Lead
Tuesday 23 January 2024	09:45hrs to 15:35hrs	Lucia Power	Support

What residents told us and what inspectors observed

This was an announced inspection in the designated centre, Tralee Residential Services. The provider had been given advance notice of the inspection. The inspection was facilitated by the person in charge, the residents and the staff team of the centre.

On arrival at the centre, the inspectors were greeted by a resident. They welcomed both inspectors to the centre with a smile and a hug. They showed them the room they could use during the day and requested that they put the table back in its right place when they were finished. The resident chatted with the inspectors and staff before saying goodbye and heading to their day service.

The inspectors met with the person in charge for a period to discuss the governance in the centre and the systems in place for effective oversight. Following this the inspectors went to the adjoining day service to meet with residents from the centre. They spent time here speaking with residents about what they do everyday, life in the centre and the things they enjoy. All residents present were very positive about the staff team and how good they were to them.

One resident showed both inspectors their favourite possession and proudly told them about it. Another resident chatted about going out and about. Residents were observed to be very comfortable and happy in the company of the staff team and their peers. One resident did speak to the inspectors about how they wanted to change their room. They told the inspectors they had chatted with staff and the managers about this and they were helping them to sort it all out. They were happy about this.

One of the houses under the remit of the centre was a two-storey building. The residents currently residing in the centre were supported by staff to use the stairs safely and a stair lift had been installed. It had been identified by the provider that the suitability of this house with the changing needs of the resident required review. This was actively being addressed by the provider with the intent to source suitable accommodation in the nearby area. Members of the staff team had advocated on behalf of the residents whose placements may have changed but they expressed the importance of the residents to remain within the community to maintain relationships and activities which they enjoyed.

The inspectors had the opportunity to visit a second house under the remit of the provider. On arrival, it was noted that signage was present on the door directing visitors to a side door. Staff were unclear as to why this practice remained. This was removed by the person in charge later in the day. It was also noted that there was visible damage to the door frame. One resident was present on the inspector's arrival. They had retired from their day service and chose to have a relaxed time table of activities. They could attend the day service if they chose, stay at home or friends and have lunch. It was noted that this resident had improved significantly

since the last inspection and presented as very happy and content.

It was also noted that the staff had reviewed the "nice to meet you document" with residents, this is a document that outlines the purpose of the inspection and a photo of the inspector. Residents discussed the importance of talking to the inspectors, giving their views and were pleased to have a visual of the inspectors that were coming into their home. There was good evidence of consultation with residents.

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

This was an announced inspection in the designated centre, Tralee Residential Services. The purpose of the inspection was to assist in the recommendation to renew the registration of the centre for a further three-year cycle. The provider had submitted an application including the required prescribed information to formally apply to continue the operations of the centre. At the time of the inspection, the provider was actively reviewing the prescribed information to ensure all information present was accurate and reflective of the function of the centre to be registered for a further three years.

The registered provider had appointed a suitably qualified and experienced individual to the person in charge role. They had oversight of the day-to-day operations of the centre. They have a good awareness of the support needs of residents and the centre. They were supported in their role by a social care leader and reported directly to the assistant directors of services. There was evidence of ongoing communication within the governance structure through regular one-to-one meetings and governance meetings. These meetings were used as a tool to share concerns and discuss shared learning.

While effective monitoring systems were in place, the provider was requested to provide assurances at an organisational level with regard to the systems in place to support residents in the area of finances. This was to ensure there was a consistent approach to charges and use of finances across all services. This included the review of signed agreements with residents and the provider. While these had been signed upon admission these had not been updated to reflect the changes to fees being charged for such items as activities. The provider was also requested to provide assurances concerning medication management systems within the centre and organisation. This was related to the use and guidance of as-required medication.

The provider implemented measures to ensure that there were effective monitoring systems to ensure the service provided in the centre was safe and effective for residents. This included the implementation of the regulatory required monitoring

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

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

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained information as required by the regulations. The provider was in the process of completing a review of all prescribed documentation to ensure this accurately reflected the registration renewal process.

Judgment: Substantially compliant

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the registered provider ensured that there were

sufficient staffing levels were present to meet the assessed needs of the residents. There was an actual and planned roster in place. While staff vacancies were in space the provider was actively recruiting and ensured continuity was afforded ot resident through regular relief and agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

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

Provider assurance was requested concerning the financial systems in place within the organisation. This was required to ensure adherence to the statement of purpose and to promote consistency of support provided to residents.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured the presence of a clear admission process to the centre. This incorporated an organisational admission policy. Each resident had been supported to agree in writing the terms of their admission which had set out the fees to be charged. However, when there was a change to these fees the agreement has not been updated to reflect the new charges. Charges set out were also not consistent with those set out in the Statement of Purpose as set out in the designated centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a Statement of Purpose which contained all of the information as required by Schedule 1 of the regulations. This was actively under review by the provider as part of the registration renewal process.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the development of an effective complaints procedure. This included the resolution of the complaint and the satisfaction of the complainant. The complaints procedure was discussed with residents through a means that could be understood by all.

Judgment: Compliant

Quality and safety

Tralee Residential Services was a designated centre located in a large town. The centre currently provides residential support for 11 residents. Residents were consulted in the day-to-day operations of the centre through regular house meetings, consultation in monitoring systems and keyworker meetings. Overall, the provider implemented measures to promote the rights of residents. One area which required improvements however was the practice of nightly checks. While staff

spoke of the rationale for these, there was no clear guidance to promote consistency or evidence of discussion with the residents involved.

Each resident had been supported to develop a comprehensive personal plan. These plans were individual to the residents' assessed needs and were reviewed annually or as required. Each resident received a review of their multi-disciplinary needs which guided staff in the enhancement of personal goals and health management plans. The person in charge was aware of the changing needs of the residents currently residing in the centre and was actively supporting this. One resident spoke of their request to move to a different house and how staff were supporting them in planning this.

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

Tralee Residential Services consisted of three houses located within close proximity to one another. Two houses were visited during the inspection. It was noted these houses were clean and homely. Some renovations were being carried out in one house. The person in charge spoke of reviewing the living arrangements of one house due to the changing needs of residents. Staff had highlighted the need for residents to remain in the local area to maintain relationships and routines. This was actively monitored by the provider.

Regulation 13: General welfare and development

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

Judgment: Compliant

Regulation 17: Premises

Some improvements were noted to be required to the premises of the centre. The provider was actively this. On the day of the inspection repairs were being completed to a bathroom in one house. The Provider was also actively seeking alternative accommodation for residents currently residing in one house due to the changing needs of residents.

In another house visited by inspectors, it was noted that repairs were required to

the front entrance door. The flooring had recently been replaced in some areas of the house, with some further improvements required.

Judgment: Substantially compliant

Regulation 20: Information for residents

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

Judgment: Compliant

Regulation 26: Risk management procedures

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

Overall, within the centre, the provider has systems in place to promote the rights of residents. Residents were consulted in the day-to-day operations of the centre through regular meetings. The provider obtained the views of the residents through surveys and consultation in monitoring systems such as the annual review. Staff completed regular nightly checks on a number of residents while staff could verbalise the rationale for this there was no clear evidence of consultation with the relevant residents and guidance to support a consistent approach by all staff.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Tralee Residential Services OSV-0003426

Inspection ID: MON-0033771

Date of inspection: 23/01/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The notice for change is to be submitted; with corresponding updated floor plans. 12.04.2023. The Day Centre and the Residential setting will be independent from each other.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: This body of work is ongoing and in progress. The Provider has carried out a financial review of two parts of the service. The remainder of the service will be completed by 05.07 2024. A review has also been carried out in relation to the resident's expenditure on social activities and alternative therapies etc. A report will be compiled by 09.04.2024; and will identify the consultation process with the residents.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: An Organisational review was carried out to determine the charges and expenditure of the residents. A new updated list is being compiled for review and discussion with the residents ; prior to updating their Contracts of Support and the Statement of Purpose in Tralee Residential Services. Learning from the review with be discussed at Management meetings (May 2024); staff team meetings and residents meetings. 09.06.2024	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance requests have been submitted in relation to repairing the front door and flooring in one residence. The updating of furniture and fittings is being explored and ongoing.	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The specific supports required for each resident at night; has been discussed at each residence team meeting. Consultation and review to be carried out with each resident that this is applicable to; and to be submitted to the Rights Restriction committee for review.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	12/04/2024
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	05/07/2024
Regulation 17(1)(c)	The registered provider shall	Substantially Compliant	Yellow	31/05/2024

	ensure the premises of the designated centre are clean and suitably decorated.			
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	05/07/2024
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	09/06/2024
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Substantially Compliant	Yellow	09/06/2024
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in	Substantially Compliant	Yellow	30/05/2024

	accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
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