



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

## Issued by the Chief Inspector

Name of designated centre:	Killarney Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	03 September 2024
Centre ID:	OSV-0003428
Fieldwork ID:	MON-0044344

## About the designated centre

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

The designated centre is comprised of two separate houses located in residential areas of a large town. Both houses provide full-time residential services to male and female adults. At the time of this inspection, only female residents were living in the designated centre. One house has four individual bedrooms - one with an en-suite and one staff sleepover room / en-suite / office. This house also has a sitting room, a living room, an activities room, a large kitchen / dining room, a laundry room, a boiler house and an external storage room. There are two bathrooms. This house has a large garden front and rear. The second house has four residents' bedrooms - one with an en-suite and a staff sleepover room / office / en-suite. There is a large kitchen and dining room and a large sitting room. There is an external boiler house and gardens to the front and rear. A team of social care staff and support workers, led by the person in charge provide support to residents on a 24 hour basis.

**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
Tuesday 3 September 2024	08:45hrs to 16:50hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

From what the inspector observed and from speaking with residents, staff and management in this designated centre, it was clear that the six residents who lived in the centre were offered a good quality service which was tailored to meet their individual needs and preferences.

The centre comprised of two houses, located a short distance apart in a large town. Both houses were located in residential areas, and were close to local amenities including shops and restaurants. Each of the centre's houses were home to three female residents. Each of the residents living in the centre had their own bedroom, with two of the residents' bedrooms having an en-suite bathroom. Photographs of the residents and a newspaper article written about their lives during the COVID-19 pandemic were displayed on the walls throughout their home. Communal rooms were spacious and bright, while residents' bedrooms were decorated to reflect their interests, likes and personalities.

On the day of the inspection the registered provider discussed with the inspector that one vacant bedroom was smaller than the others. The resident who previously resided in this bedroom had moved from the designated centre in the weeks before this inspection. There were no plans for anyone to move into this bedroom however the registered provider had put this bedroom forward as such for another three year registration cycle. It was noted that the bedroom size would need to be appropriate to meet the assessed needs of any future resident, and to ensure that their personal possessions were safe. The inspector was informed by the person in charge that there were no planned admissions for the two vacancies in the designated centre.

The inspector met with all six residents living in the designated centre on the day of this inspection. On arrival to the first house, two residents were ready to attend their respective day services. One of these residents declined to interact with the inspector and this choice was respected. The inspector did observe how this resident interacted with staff, their peers and their environment. A third resident was driven to the centre by a family member. This resident had recently moved into the designated centre. As part of their admission plan, this resident was spending a number of nights in the centre each week. A second resident stayed in the centre during the week. This meant that only one resident resided in this house at the weekends.

When the inspector arrived to the second house in the designated centre, two residents were having their lunch. The inspector was informed by the person in charge that in line with recommendations from an allied health professional relating to residents' care and support that they should meet with residents after they had eaten their lunch. Therefore, the inspector met with them after they had finished their lunch. Residents in this house told the inspector about a garden party that they had hosted during the summer months. Residents' family and friends had been invited to enjoy the sunshine on the patio in the residents' back garden which had

been renovated. It was clear from discussions with residents and staff members that this was an enjoyable day.

One resident had a cup of tea while they chatted with the inspector about life in their home. This resident told the inspector that they were happy living there, and that they felt safe. The resident spoke about the staff members that supported them, and it was evident that they liked to know who was working with them each day. Staff spoken with told the inspector that they went through the staffing rota regularly with the resident to keep them informed of the staff on duty, which was clearly very important to them. This resident showed the inspector their bedroom which had been painted in their favourite colour pink. The resident spoke about a significant birthday celebration they had recently, and how they had enjoyed going for afternoon tea to celebrate. Birthday cards and photographs which were meaningful to the resident were displayed in their bedroom and they spoke about these with the inspector. When asked how they felt about a new resident moving to their home, the resident said that it was 'nice'.

Another resident told the inspector that they were due to celebrate their birthday, and spoke about plans to celebrate with their friends in the centre and their day service. This resident had recently moved into the centre, and at the time of the inspection was happy living there. They told the inspector that a family member was visiting them in their new home later that evening and that they were very excited about this.

During the inspection, a resident told the inspector about an event that had upset them. The resident raised this with staff members who provided reassurance. As this occurred when the resident was leaving for day services, staff members told the inspector that they planned to speak with the resident about this event on their return from day service. The resident who raised the issue told the inspector that they felt happier after talking to the staff in the centre, and were observed smiling as they left for day service.

The inspector was invited by a resident to meet them as they watched television in their bedroom. They had been supported to purchase a 'smart' television so that they could watch programmes and videos of interest to them at any time. The resident appeared happy about this as they cheered along with a program they were watching as they chatted with the inspector. Another resident showed the inspector their bedroom, which they described as 'lovely'. The resident told the inspector that the staff working with them were 'nice' and that they felt safe and happy in their home.

One resident told the inspector they had recently started attending a new day service. The resident told the inspector that this was going well. This resident was a keen football fan, and had plans to go watch a local football match with staff members after the inspection had taken place. Another resident planned to go out for a walk and a cup of tea. Staff spoken with told the inspector that the resident was thinking about where they would like to go on the walk.

Overall, residents were observed to be content and happy in their homes. Residents

were complimentary of the staff members that supported them, with one resident telling the inspector that they met members of the senior management team at their day services and often sat in their offices for a chat. Residents were aware that they could speak to staff members if they were unhappy about something and this was witnessed by the inspector during this inspection. The inspector spoke with permanent staff working in the centre, and staff members who were working as relief staff members. It was evident from discussions that they knew the residents well, and were aware of the assessed needs of residents. At all times, residents appeared comfortable in the presence of staff members and each other.

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 announced inspection was completed in Killarney Residential Services as the designated centre was in the process of renewing its registration with the Health Information and Quality Authority (HIQA). This designated centre was operated by the registered provider Kerry Parents and Friends Association.

In one of the centre's houses the measures in place with respect to a previously identified inner room on the floor plans submitted was reviewed. On the walk-around of the centre, it was observed that the function of this room was not a living room, and rather a hallway/corridor. This inner room had been reviewed by a fire competent person in 2021 and as a result a number of fire safety actions had been completed. This included one bedroom having a fire escape and rescue window in place. Although this bedroom was not occupied at the time of the inspection, it was noted that any resident moving into this bedroom would need to be able to escape via the window.

Although there had been some changes to the residents living in the centre since the previous inspection, there was evidence that such transitions and admissions were managed well by the registered provider and the person in charge. Documentation reviewed such as transition and admission plans evidenced that residents were consulted with in decisions relating to their care and support.

Overall, the inspector found that management systems in place in the centre contributed to residents receiving a high quality of care and support in their home. Monitoring and oversight systems ensured that residents were safe, and that they received supports to meet their assessed needs. Local oversight and management systems, and regular auditing ensured a continuous cycle of quality improvement

was maintained within the designated centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

## Regulation 15: Staffing

The registered provider had ensured the allocation of an appropriate skill mix of staff to the centre in accordance with the assessed needs of residents. From a review of the actual rosters the inspector evidenced the staff team consisted of a social care leader, social care and support workers. The roster consisted of 11 staff members at the time of the inspection.

At the time of the inspection the inspector was informed by the person in charge that there were three vacancies within the centre. To maintain continuity of care and safe staffing levels core relief staff were utilised to maintain staffing levels. The registered provider was actively recruiting for staff members.

The person in charge maintained an actual and planned roster which outlined the staff team to report daily for duty. The roster incorporated the person in charge.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff working in the centre had access to appropriate training in line with the assessed needs of residents. The inspector reviewed the training matrix for 11 staff members, including the person in charge. A number of trainings which had been deemed mandatory for the centre by the registered provider and the person in charge had been completed by all 11 staff members. This included;

- Assisted decision making
- Diversity and inclusion
- Effective complaints handling
- Food safety
- Hand hygiene
- First aid
- Manual handling
- Human rights.

Mandatory training in line with the regulations including the safeguarding of vulnerable adults and fire safety had also been provided to all staff working in the centre. Oversight of the training matrix by the person in charge ensured that staff training was scheduled to ensure staff members trainings were in-date as part of a continuous cycle of professional development.

The inspector reviewed the supervision schedule for all staff working in the centre, and the supervision records for three staff members. This evidenced that the person in charge ensured that staff working in the centre were appropriately supervised by carrying out supervision meetings with staff members every six months. This included relief staff members who were covering vacancies in the centre whilst recruitment was underway. Supervision was being carried out as required by the person in charge, and there were arrangements in place to ensure that the person in charge also received supervision in line with organisational policy.

Judgment: Compliant

## Regulation 23: Governance and management

This inspection found that the registered provider had ensured that there were clearly defined management structures which clearly outlined the lines of authority and accountability in the designated centre. These were accurately reflected in the designated centre's statement of purpose.

Documentation reviewed by the inspector during this inspection such as the providers unannounced six monthly visits, audits, supervision schedules and team meeting records showed that the registered provider was maintaining good oversight of the service provided in this centre and that governance and management arrangements in the centre were effective. The person in charge was regularly present in both of the centre's houses as they worked from the office in each of the centre's houses. This meant that they were available to residents and staff members, and that they could maintain effective oversight of the supports being provided to residents in their home. Staff spoken with during this inspection felt supported by local management in the centre.

An annual review of the quality and safety of care and support provided to residents had been carried out by the registered provider in line with the regulations. Actions arising from this review had a clear timeline and outlined the persons responsible to ensure continuous quality improvement in the centre.

The person in charge had developed an auditing schedule which was reviewed by the inspector. Audits were carried out in areas including;

- Fire safety
- Restrictive practices

- Food safety
- Residents' finances
- Health and safety
- Accident and incident reporting
- Complaints
- Medication management
- Infection control.

The inspector reviewed the record of staff meetings held in the designated centre which were held every month in each of the designated centre's houses. It was seen that actions or issues arising from auditing were documented and discussed at these meetings. There was also discussions of policy updates and safeguarding matters. An action plan was developed after these meetings to ensure clear actions were carried out by staff and management to ensure residents continued to receive a safe service in line with their assessed needs.

Judgment: Compliant

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

Two residents had been admitted into this designated centre since the designated centre's previous inspection. The first admission was not successful due to compatibility issues which arose following their admission. Following a review of the resident's placement, and in line with the contract and provision of services and provider policy the resident did not continue to live in the centre after a three month settling-in period. It was evident that admission policies and practices took account of the need to protect residents from abuse by their peers.

A second resident had recently been admitted to the designated centre and was currently in their three month settling-in period. An assessment had been completed, and with this information an admission plan was developed. The inspector reviewed the admission plan for this resident. The person in charge had ensured that the resident was informed of all decisions relating to their move into the centre. The resident visited the house, met with the other residents living in the centre and chose how they would have their bedroom painted and decorated before they moved in. The development of this comprehensive admission assessment and plan by the person in charge ensured that there was an awareness of the resident's health, personal and social care needs prior to their admission.

The inspector reviewed four residents' contracts for the provision of services. The registered provider had ensured that the contracts outlined the care and support that the residents were to receive in their home, and the fees they were to be charged. It was also noted that the fees the residents paid was consistent, given that they all received a similar level of care and support in their home.

Judgment: Compliant

## Quality and safety

Residents' wellbeing was supported and maintained to a high standard in this centre. It was evident from the documentation, and discussions with residents and staff members that residents received a good level of service provision that was appropriate in line with their assessed needs.

Staff members and the person in charge told the inspector that a resident's day service placement was being reviewed at the time of the inspection. Staff told the inspector that the resident had been presenting with increased tiredness, and they felt that given the resident's changing needs and age profile, that they required a slower pace of life. The inspector reviewed documents including the resident's multi-disciplinary team meeting records. It was apparent that initially, arrangements had been made to change the resident's start and finish times to make their day shorter. Following a multi-disciplinary review and amendments to the staff rota, this was facilitated. The person in charge attended a meeting on the day of this inspection to review the progress of this with members of the resident's day service, and the organisation's multi-disciplinary team. The person in charge communicated that following the meeting, it was agreed that the resident was indicating through gestures and verbally that they wanted to retire from day services. As this resident's home was not open during the day, arrangements were being discussed to facilitate the resident to retire. It was acknowledged that work was underway to ensure that the resident's choice was facilitated, including seeking resources to provide support to the resident in their home during the day. It was evident that the resident's choice was being supported, and that arrangements were being put in place to ensure there was adequate resources put in place to ensure the resident's choice was facilitated.

Residents living in the second home in the designated centre attended community groups and day services, or were supported in their home during the day. From discussions with these residents, it was clear that they were supported to enjoy life at their pace, in line with their assessed needs. Residents spoken with were happy with this.

Overall, documentation relating to the care and support of residents was seen to provide effective guidance on how best to support residents to meet their assessed needs and goals. It was identified that some improvements were required to ensure a known risk had a consistent approach outlined, and that consistent guidance was provided relating to a risk to one resident. This is further discussed under Regulation 26; risk management procedures.

## Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents received support as they transitioned between residential services. Since this previous inspection, one resident had transitioned out of one of the designated centre's houses. The inspector reviewed the transition plan developed to support the resident to move from this designated centre. It was identified in this document that the resident would be better suited to living in a different environment, in line with their assessed needs and preferences. It was evident that the resident was provided with information and supports available to them during their transition. This included the use of social stories to explain the transition to the resident. Staff members who would be working with the resident in their new home completed shifts in this centre, where they shadowed staff members who knew the resident. This ensured familiarity with the resident and staff and supported them to get an insight into the resident's assessed needs and how best to support them. Staff and management spoken with told the inspector that this transition had progressed successfully.

Judgment: Compliant

## Regulation 26: Risk management procedures

A risk management policy had been developed by the registered provider. This policy was reviewed in July 2021 and although it had not been updated in a three year period, it was scheduled for review in December 2024. It was evident that this contained information as required by Regulation 26.

The inspector reviewed the documented actions taken by the registered provider and the person in charge following two adverse incidents in the designated centre involving residents, and discussed these with the person in charge. It was identified that the management and ongoing review of risk relating to these incidents required review by the registered provider;

- A transport policy was in place in relation to the use of the designated centre's transport. Following a review of this policy by the inspector, it was noted that an identified and known risk relating to the use of the transport did not have an appropriate risk assessment in place. It was also noted that guidance for staff members in relation to this known risk issue was not referenced in the organisation's transport policy.
- A swallow care plan and associated risk assessment had been developed for a resident following a choking incident. The swallow care plan, which was completed by an allied health professional, noted that staff should always be present while the resident was eating. However, it was outlined in the resident's care plan that they would not eat if they were being watched. As a result the resident ate their meals in their bedroom. While staff members remained in close proximity, they were not present in the same room. This

practice was observed by the inspector during the inspection. This required review to ensure there was clear guidance for all involved, given the risk of choking and the risk of the resident not receiving adequate nutrition.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of each resident was carried out prior to admission and updated annually. The inspector reviewed four residents' personal plans during this inspection. Residents were supported by staff members to identify goals and plan places that they would like to visit. Auditing in the centre had identified that residents' goals could be improved upon and this work was ongoing at the time of the inspection. There was evidence of progression of residents' goals being documented by staff members. This ensured that residents were supported through a person-centred approach in line with their wishes.

It had been previously identified that one resident had impacted another resident's sleep due to loud vocalisations they made at night. A review of documentation outlining the impact of this on the resident who had been woken up identified that this had not occurred since February 2024. Staff members spoken with told the inspector that they felt that they had done a significant amount of work regarding this resident's personal plan which had a positive impact on the resident's presentation. It was evident that the person in charge had ensured that the personal plan was subject to review to assess the effectiveness of the plan, and to take into account changes and new developments.

Judgment: Compliant

### Regulation 8: Protection

The registered provider and the person in charge had taken a number of actions to ensure that residents were protected from abuse in the centre;

- A safeguarding policy had been developed by the registered provider. This policy had been reviewed by the registered provider in October 2023. This policy contained clear guidance for all staff members to ensure residents were protected from abuse, and the actions to be taken in response to an allegation of abuse.
- Safeguarding was a standing agenda item in monthly staff meetings carried out by the person in charge with all staff members working in the designated centre.

- Two designated officers were identified to ensure that allegations of abuse were screened and notified in line with organisational policy. The identity and photographs of the two designated officers was clearly displayed in the centre.
- When an allegation of concern was reported, a safeguarding plan was developed to ensure the resident's safety. If required, it was also evident that an investigation into the safeguarding concern was initiated.

However, it was identified that on one occasion there was a delay of one week in reporting an allegation of abuse due it not being recognised as a safeguarding concern by a staff member. In response to this, the person in charge had ensured that action was taken to protect the resident.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Killarney Residential Services OSV-0003428

Inspection ID: MON-0044344

Date of inspection: 03/09/2024

## 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
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:            Review of transport policy has taken place whereby the following was inputted in to the policy, this was confirmed by the insurance broker:</p> <p>Any passengers travelling in a KPFA bus/vehicles, including parent/family member of a person we support are automatically insured under KPFA insurance.</p> <p>support plan changed to reflect the allied health professional salt recommendations and risk assessment updated.            Linked in with SALT regarding recent recommendations and requested a review to allow a balance between optimizing mealtimes and a health and safety balance to ensure the residents rights are adhered to.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:            Action plan in place for staff member. Actions included re read the safeguarding policy. Complete the online hseland safeguarding policy. All actions have been completed to date. Recap summary of the safeguarding policy discussed in September and October team meetings and a pathway discussed on how to report safeguarding. Risk assessment in place to lone working updated to include two staff on duty while transporting a resident to their home. Requested a follow up on application for funding which was submitted to increase hours for a resident. Business cases paused until sustainability</p>	

review is completed in November 2024.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	15/12/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	15/12/2024