



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:	Unannounced
Date of inspection:	13 June 2023
Centre ID:	OSV-0003428
Fieldwork ID:	MON-0039774

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. 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 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:	8
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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 13 June 2023	09:10hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

Killarney Residential Services is a designated centre which can provide accommodation for up to eight residents. The centre consists of two large houses located in close proximity to a large town. The inspector was greeted by the person in charge upon their arrival to the first house. Residents were being supported by the staff team to go about their day.

Two residents had transitioned to the centre for a time, to allow for building works to be completed in their house. The provider had consulted with residents of the centre to ensure they were happy with this arrangement. As the building work had taken longer than anticipated, the length of the stay had also been longer than anticipated. To reduce the impact of this the provider had reviewed the staffing arrangements to ensure all residents were supported to maintain their favourite activities both in the house and in their community. While one resident was anxious to return to their home, this had been supported through the complaints process, regular communications and meetings with senior management. At the time of the inspection an expected return date was in place.

Residents in both houses led busy and social lives. Many residents attended local day service, while some had been supported to retire and live a more relaxed life of their choosing. Residents were observed coming and going throughout the day. One resident went on a social outing with a family member. Both individuals were met by the inspector before leaving the centre. They were supported to plan in advance so they could buy a cup of coffee and some nice things if they went to Penney's in the town.

When the inspector spent time in the second house they met and spent time with one resident. They were relaxing in their room, having a snack and watching TV. They laughed and smiled with the staff and the inspector. They showed the inspector the table top activities they had done earlier in the day. The resident then went out the back garden to enjoy the sun with the staff member present. When in this house another resident returned from their day service, they waved hello to the inspector but did not stop to chat as they were heading out on their next activity.

In both houses residents were observed participating in activities of their choice, some were having a relaxing day in front of the TV, going for a shopping trip or for a walk to their favourite location. Residents were also supported to maintain close links with friends and family members. One resident was at home for a few days with family when the inspection occurred.

Residents chose not to interact for long periods with the inspector and this was respected so as not to impinge on their daily routine and chosen activities. The inspector did have the opportunity to observe interactions between residents and the staff team. These were observed to be positive in nature and all interactions were observed to be respectful while promoting the residents means of

communication. Staff spoken with were knowledgeable to the support needs of the residents and the measures in place for the oversight of day to day operations of the centre.

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 unannounced inspection completed to monitor ongoing compliance to regulations and also to monitor adherence to the compliance plan response submitted following last HIQA inspection in July 2022. Overall, this was evidenced.

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre. Since the previous inspection their remit had reduced to one centre, increasing the oversight of the day to day operations of the centre. They reported directly to the persons participating in management allocated to the centre. There were clear lines of communication and pathways to escalate areas of concern. This was evidenced through management meetings and formal supervisory meetings. The person in charge had an awareness of their regulatory responsibilities including the notification of incidents and review and maintenance of the directory of residents.

The provider had ensured the implementation of the statutory required monitoring systems. This included the annual review of service provision which was completed in January 2023. This, along with the most recent unannounced visit highlighted areas of improvement. A tracking system was in place to monitor adherence to action plans to ensure improvements were addressed in a timely manner. This included in such areas as personal plans and staff training needs.

The person in charge also ensured the completion of a number of site specific audits to ensure oversight in the day to day operations of the centre. A number of audits were delegated to members of the staff team on a monthly basis. These included fire safety, complaints and financial spot checks. These were all tracked on a software system to allow for effective monitoring. Through the use of effective monitoring systems the centre strived for improvement by addressing areas of concern in a timely manner.

Since the previous inspection the provider had completed a review of the staffing needs of the centre. This was to ensure the staffing levels were appropriate to the assessed needs of the residents. The review incorporated an assessment of incidents, risk and compatibility within the centre. Staffing levels were then allocated as required. Should staff require assistance at any time guidelines were available.

The person in charge had ensured the appropriate supervision was in place for the staff team. This included face to face supervision, on site mentorship and monthly staff meetings. Such areas discussed included delegated duties, safeguarding and health and safety. The staff team within the centre had also been supported and facilitated to obtain the mandatory required training to support the assessed needs of residents. Training provided included medication administration and safeguarding vulnerable adults from abuse. At a staff meeting in May 2023 the person in charge had requested to all staff to complete a course on the fundamentals of human rights and advocacy.

The registered provider had ensured the development of an effective complaints procedure. This included clear evidence of adherence to the organisational policy and staff awareness. Residents were supported to submit complaints as required. Documentation was evidenced to show the review and resolution of complaints, including the satisfaction of the complainant.

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced individual to the role of person in charge.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill mix and staffing levels allocated to the centre was in accordance with the residents current assessed needs.

There was an actual and planned roster in place.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured the staff team were supported to completed the mandatory required training to meet the assessed needs of residents.

The person in charge had also ensured the effective measures were in place for the

appropriate supervision of staff.
Judgment: Compliant
Regulation 19: Directory of residents
A directory of residents was maintained in the centre on the day of the inspection. This document included the details as set out in Schedule 3 of the regulations.
Judgment: Compliant
Regulation 23: Governance and management
The registered provider had ensured the appointment of a clear governance structure of the centre to oversee the day to day operations. Clear lines of accountability were in place with communication ensuring any areas for improvements were highlighted and addressed in a timely manner. Overall, effective systems were in place for monitoring of service provision including an annual review and unannounced visits to the centre.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had ensured the development of the statement of purpose. All information required under Schedule 1 was present and accurate.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge had ensured all incidents were notified as required.
Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured an effective complaints procedure was in place with an easy-read format available for residents to refer to if required. The complaints procedure was available to all within the active complaints policy.

Staff and residents spoken with were aware of the complaints procedure and who to speak to.

Judgment: Compliant

Quality and safety

Residents were consulted in the day to day operations of the centre through weekly house meetings. Areas discussed included house meals and activities. The meetings were also used to discuss such topics as complaints and how to be safe. Easy to read documents in place to enhance the residents' understanding of topics and guidance. Residents were also consulted in the centre through satisfaction surveys to ensure they were satisfied with the standard of support being delivered to them by the provider.

Each resident had been supported to develop an individualised personal plan. This plan was reviewed annually by relevant members of the multi-disciplinary team to ensure supports in place were reflective of the resident's current needs. This included speech and language therapy support around mealtimes and physio supports with mobility. The person in charge had developed a guidance document to ensure all areas of supports were discussed and reviewed as part of the person centred planning meeting. However, upon review of the individualised plans in place this was not consistently adhered to.

Residents within the centre lived an active and meaningful life. For a time, two residents had transitioned to the centre to allow for maintenance work in their property. During this time activation was maintained through familiar staff and consistency in choice of activities. Residents were supported to develop personal goals, with clear evidence of progression of these in place. As discussed previously, residents were observed to be out and about throughout the day of the inspection.

The person in charge had effective measures for the identification and review of risk. The person in charge maintained a risk register which contained control measures in place to reduce the likelihood and impact of identified risk. In the event of the escalation of a risk, this was communicated to senior management and discussed to review what additional measures were required to be put in place to safeguard residents from abuse. Where an identified concern was in place measures were in place to ensure all residents were protected. This included staffing

resources, staff training and organisational policy. Residents were provided with accessible documents to promote and understanding and awareness of staying safe in their home and this was also discussed as part of resident house meetings. While staff spoke of the potential impact of individuals behaviour on their peers, documentation utilised did not evidence this review and actions which may be required to reduce the impact.

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were consistently provided for residents to participate in a wide range of activities in the centre and the local community.

Resident choice of activities was respected.

Judgment: Compliant

Regulation 17: Premises

The centre was clean, suitably decorated and accessible to the residents living there. The premises were laid out to meet the aims and objectives of the service and the needs of residents. Each resident had their own private space and access to communal spaces.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the provider's guidelines. The provider conducted regular audits of infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly incorporating day and night support requirements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident was supported to develop and maintain an individualised personal plan. These plans incorporated an annual multidisciplinary assessment of each resident's personal needs. The person in charge had developed a guidance document to ensure the annual person centred planning meeting incorporate a full review of the residents assessed needs. This was not consistently adhered to.

Residents were supported to develop personal goals during an annual person-centred planning meetings with evidence of progression of these goals in place. Guidance for staff was available in a range of areas such as health, social and emotional supports. This ensured a consistent approach to support and adherence to multidisciplinary guidance.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, residents in centre were protected from abuse. The provider proactively addressed any concern through staffing review, staff training, easy read information for residents and regular review of risk.

Some improvement was required to ensure the potential impact of an individual's

behaviour on others was reviewed and addressed accordingly.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The person in charge had ensured that the centre was operated in a manner which respected the rights of all individuals. Residents were consulted in the day to day operations of the centre through keyworker and house meetings.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Killarney Residential Services OSV-0003428

Inspection ID: MON-0039774

Date of inspection: 13/06/2023

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: A template was created to include all relevant sections of the annual review as per regulations. All staff are to utilize this template prior to planning a annual review and to include all medical professionals as per regulations. A review of previous year transdisciplinary will occur prior to annual review. This template was discussed at both team meetings in the month of June 2023. A timeframe was extended to cover all annual reviews to include new template.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Discussed at team meetings in June 2022 that any incidents logged in relation to behavior that challenges is reported to safeguarding if it has a impact on other residents. The safeguarding policy will be discussed at team meetings. Safeguarding is part of the team meetings agenda every month.</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
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/12/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/08/2023