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Killarney Residential Services, OSV-0003428, 19 July 2022

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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:	19 July 2022
Centre ID:	OSV-0003428
Fieldwork ID:	MON-0037460

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 night-time arrangement in each house at the time of this inspection was a sleepover staff.

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 19 July 2022	09:30hrs to 16:20hrs	Laura O'Sullivan	Lead
Tuesday 19 July 2022	09:30hrs to 16:20hrs	Deirdre Duggan	Support

What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor the provider's ongoing compliance to the Health Act 2007. Overall, from what inspectors observed, residents in this centre enjoyed a good quality of life and were offered a person centred service, tailored to their individual needs and preferences. Residents were seen to be content in their homes and there were local management systems in place which, overall, provided a safe and effective service. Improvements were required in the area of governance and management to ensure compliance with regulations was in place and monitored.

The centre consisted on two house located in a large town. The houses were in close proximity to one another. The inspectors visited one house in the morning where they had the opportunity to meet with the person in charge and complete a review of documentation. In the afternoon the inspectors visited the second house. On arrival to the centre, inspectors were greeted by the person in charge. They were requested to complete a temperature check and complete a questionnaire to ensure no signs or symptoms of COVID-19 were known.

Within this house two residents currently reside. The inspectors had the opportunity to observe the residents' getting ready for their day. One resident came and sat in the office with the inspectors. When asked by one inspector how they were getting on, they smiled and nodded. They chose not to verbally interact and this was respected. They smiled at staff who asked them if they were ready to leave the centre. Residents were observed to move freely around the centre and were seen to be comfortable in the presence of staff working there. Both residents were observed departing the centre to attend scheduled day services and activities.

Four residents were present in the second house which inspectors spent time in on the afternoon of the inspection. The inspectors had the opportunity to meet and interact with three residents. One resident who was isolating in their room gave the inspector a thumbs up and smile through the window. They told the inspector they were happy and getting better. They told how staff were looking after them well. Another resident was relaxing in the living room watching TV and playing with cards. They told the inspectors they were happy and enjoyed living in the centre. Following the easing of restrictions they had chosen not to return to their day service. This was respected, and a range of activities were now afforded to the resident from the house.

One inspector met with another resident who was relaxing in their room. They were watching TV after returning from their day activities. They told the inspector about Manchester United and showed them their memorabilia of their favourite team. They were very comfortable in the company of the person in charge. This was also evident when inspectors met with another resident. They were finishing their lunch and smiled when they saw the person in charge entering. They chose not to interact

with the inspector and this was respected.

Guidance was viewed to encourage "protected mealtimes" for residents to provide for a relaxing and unhurried atmosphere during meals. This including ensuring that residents would not be interrupted by routine intimate care or medication administration during mealtimes and that the environment was relaxing and comfortable for residents. This was observed throughout the day with a low arousal environment promoted.

Both houses were observed to be clean and homely. Each resident was supported to decorate their personal space in accordance with their interests. Communal areas were comfortable and tastefully decorated. Raised beds with a variety of vegetables were viewed in the garden and these were tended to by a resident in the centre

Overall, this inspection found that there was a good level of compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded safe and person centred services that met their assessed needs. However, oversight at provider level had failed to ensure that systems in place identified all pertinent issues in a timely manner and did not provide for appropriate supervision at centre level. 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 the provider's ongoing compliance with the Health Act 2007. The registered provider had appointed a governance structure to the centre to maintain oversight of service provision. It was evidenced on the day of inspection that this oversight required improvements.

A suitably qualified and experienced person in charge had been appointed to the centre to maintain oversight of the day to day operations of the two houses under the remit of the centre. They were supported in their role by an appointed social care leader. While this person had a number of delegated duties, they were not afforded dedicated time to complete these governance tasks without impacting on the residents. The person in charge had an awareness of their regulatory responsibility including notification of incidents and the review of the statement of purpose.

Within the governance structure of the centre, two persons participating in management had been appointed. Evidence of their participation in the centre was minimalistic. Where a concern was escalated by the person in charge, for example in the area of staffing, no response was received. It was reported to inspectors that senior management did not visit the centre and contact was only if there was a concern raised. Monthly governance meetings occurred within the organisation

during the year. This was an opportunity for all members of the governance team within the organisation to share information and experiences. However, these did not occur during the summer months with no clear evidence of communication to the members of the governance team as an alternative for this three month period.

The person in charge had completed an annual review of service provision as is required under Regulation 23. This was evidenced to be generic in nature and did not identify the areas of non-compliance in the centre. The action plan in place did not identify the person responsible or allocate a specific timeframe to ensure areas were addressed in a timely manner.

One allocated person participating in management had completed an unannounced six monthly visit to the centre in May 2022. This report was presented to the board of management upon its completion. Each area reviewed was allocated a percentage of compliance. Upon review of the report the percentage allocated to a number of areas did not reflect the concerns identified. For example, the theme of communication was allocated 100 percent compliance, however actions had been identified for a resident requiring additional supports. Health and safety was also allocated 100 percent, with numerous actions required following the visit. This required review.

The registered provider had not ensured the staff team allocated to the centre was appropriate to the assessed needs of residents. In one house a resident had on numerous occasions awoken and requested support from the staff on duty as a sleepover support. This meant that staff members were sometimes working shifts in excess of 24 hours without adequate rest time. Staff members were then administering medication and driving residents in vehicles. This presented a potential risk to all residents. The person in charge had escalated this concern to the members of the governance team as a health and safety concern, all incidents were recorded and also escalated. No response had been received to review this since May 2022. Whilst a risk assessment had been completed and some additional supports reviewed by the person in charge, a review of staffing levels was required.

The person in charge and the social care leader had the shared delegated duty of formal staff supervision. The person in charge completed direct support within the centre and worked alongside the staff team to provide support and guidance. The person in charge completed additional supervisions or conversations if it was evidenced a staff member required some additional supports. As stated previously the social care leader did not have allocated time to complete these supervision meetings. The person in charge had not received a formal supervisory meeting in over 12 months.

Some improvements were required to ensure that all staff were supported and facilitated to attend and completed mandatory training. A number of staff were due refresher training in the area of behaviour support. This had been identified by the person in charge and places had been booked on upcoming training courses.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced to fulfil their governance role. At the time of the inspection they were appointed person in charge to one centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had not ensured staffing levels within the centre were appropriate to the assessed needs of the residents currently residing there. The current staffing levels in one centre, had the potential to impact on other residents.

Judgment: Not compliant

Regulation 16: Training and staff development

Some improvements were required to ensure that all staff were supported and facilitated to attend and complete mandatory training.

Overall, staff were appropriately supervised within the centre. However, the person in charge had not received a formal supervision in over 12 months.

Judgment: Substantially compliant

Regulation 23: Governance and management

While a clear governance structure was appointed to the centre there was a need for increased oversight to ensure a safe and effective service was afforded to all residents currently residing in the centre.

Monitoring systems in place were not utilised effectively to identify and address all areas of non-compliance in an effective and timely manner.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured the notification of all incidents as required.

Judgment: Compliant

Quality and safety

Overall, residents' well-being and welfare was maintained to a good standard of care and support from a consistent core staff team to provide a person-centred service where each resident's individuality was respected. There was a need for increased consultation with residents in such areas as staffing and through the annual review of service provision. Further improvements were required relating to residents rights and centre specific infection prevention and control measures.

Residents in the centre were supported to have an active and meaningful life with the support of staff. A number of residents attended local day services. One resident had chosen during the pandemic to retire. The personal goals had been amended to support this. Residents were observed to be out and about during the course of the inspection. Each resident was supported to have a comprehensive individualised personal plan and an annual assessment of need was completed. Overall, these plans were evidenced to reflect the assessed needs of residents. The personal plans for all residents were regularly reviewed with clear evidence of goal setting for residents and regular review of those goals. Personal plans incorporated the multi-disciplinary support needs of residents. This included healthcare and intimate care needs of each individual. There was evidence that residents were involved with and consulted about their personal plans.

Some improvements were required to ensure all residents were protected from abuse within the centre. Actions implemented following an incident were evidenced to be reactive in nature, with proactive measures not being implemented despite an identified risk in place. A similar incident had occurred on the day previous to the incident with no actions implemented to reduce the risk of recurrence. While a review of both incidents had occurred, learning from these was not documented.

Staff were guided in the area of safeguarding through an organisational policy and staff training. Where an identified safeguarding was identified an active safeguarding plan was in place. This was regularly reviewed by the person in charge.

The inspection was completed during COVID-19, with infection prevention and control measures implemented by inspectors throughout the day including hand hygiene and the use of facemasks. One resident was isolating in their bedroom on the day of inspection. A donning and doffing station for the use of person protective equipment was located outside their bedroom door for staff use. All staff were observed adhering to best practice on the day of inspection. The provider had developed a COVID-19 contingency plan, this addressed such areas as staffing, governance and infection control measures. This plan however, was not centre specific. It was found to not address issues specific to both houses. For example, when one resident had to isolate a shared bathroom was in use. Specific cleaning guidance for this scenario was not in place. Should a resident require additional support to isolate this was also not readily addressed within the contingency plan.

Residents in the centre were supported in the areas of behaviours of concern by a consistent staff team. All staff spoken with on the day of the inspection had a clear understanding of the support needs of all residents in this area. A number of behaviour supports plans were reviewed during the inspection. Key areas of note when supporting a number of residents was located within the personal plan to ensure staff were aware. For example a known trigger for one resident was discussion of emergency services. This was noted on the cover page of their personal plan.

A positive behaviour support plan was reviewed which provided guidance for staff about how best to support the resident including how the resident communicated their needs. This plan required review to ensure guidance provided was clear and addressed all areas which had been identified as a potential trigger for behaviours of concern. For example, it was stated in a behaviour support plan that a resident required advance notice if there was to be a change in routine. Staff had spoken of this also. However, guidance on how to support this resident was not present within the plan. As guidance was not clear on how to communicate change in routine to the resident, this has resulted in a period of escalation for the resident.

The registered provider had ensured the development of a risk management policy. This guided practice within the centre. The person in charge oversaw the development and review of the centre risk register. This included both environmental and resident's individual risks. Where an identified risk had an increased risk rating this was escalated to members of the senior management team to ensure awareness and oversight. however, this was not responded to consistently in a timely manner with additional control measures not implemented. Some improvement was required to ensure that all risks were identified and reviewed accordingly. For example, while a risk assessment was present for lone working this only addressed control measures in place within the house. The risk assessment, however, did not address the control measures for supporting residents in the

community or during transport.

Regulation 13: General welfare and development

Residents in the centre were supported to have an active and meaningful life with the support of staff. Residents in the centre were afforded opportunities for recreation and social enjoyment.

Judgment: Compliant

Regulation 17: Premises

The centre consisted of two houses located in a large town. Both houses were observed to be clean and homely. Each resident was supported to decorate their personal space in accordance with their interests. Communal areas were comfortable and tastefully decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensure the development of a risk management policy. This guided practice within the centre. The person in charge oversaw the development and review of the centre risk register. Some improvement was required to ensure the all risks were identified and reviewed accordingly.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The COVID-19 contingency plan in place required review to ensure this was reflective of the specific individual and centre levels needs.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Individual plans were seen to reflect the assessed needs of residents. Plans were regularly reviewed and there was evidence of goal setting for residents and regular review of those goals.

Judgment: Compliant

Regulation 6: Health care

There was evidence that appropriate healthcare was provided in this centre. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment and access to health and social care professionals was facilitated as appropriate. Healthcare plans were seen to be regularly reviewed. A recently cancelled appointment had been rescheduled and carried out at a later date.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some improvement was required to ensure that positive behaviour support plans incorporated all required information to support residents and guide staff.

Judgment: Substantially compliant

Regulation 8: Protection

Staff were guided in the area of safeguarding through an organisation policy and staff training. For a safeguarding concern identified an active safeguarding plan was in place. Improvements were required, however to ensure that all safeguarding concerns were responded to in consistent manner.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Overall, the centre was operated in a manner that was respectful to the residents. However, improvements were required to ensure residents were consulted in the operation of the centre, including such areas as staffing.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Killarney Residential Services OSV-0003428

Inspection ID: MON-0037460

Date of inspection: 19/07/2022

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: DSMAT to be completed and a business case will be submitted to the HSE for additional staffing to support the needs of the residents where identified. A review will take place of the current roster.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff supervision completed: PIC supervision completed. MAPA training to be scheduled for October 2022. A training plan is in place for the remainder of 2022	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The ADOS reviewed the unannounced provider visit, she identified that while completing the audit that she had identified noncompliance but did not press the save button, the	

system defaults to compliance if you don't save each time, she also reviewed other provider audits for other DC's to rectify same. The PIC has had supervision on 26/07/22, next supervision is scheduled for 17/01/23. The supervision policy has been reviewed and the PIC will now have supervision 3 times annually. The ADOS will have a monthly meeting with the PIC going forward where matters relating to the DC will be discussed. Governance meetings will be scheduled monthly for 2023

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 The PIC has reviewed the identified risk assessments and has also reviewed and developed the controls to mitigate risk. The PIC will review all risk and controls on the register.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 Contingency plans have been made Centre specific. Individual guides on each resident completed to support residents to isolate. Detailed shared bathroom cleaning document completed for contingency plans.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 Positive behavior support plan updated to guide staff. Meeting scheduled with psychologist 24.08.22 to incorporate a more comprehensive plan for resident. Day services meeting scheduled for 1/09/2022 to involve all stakeholders. Training for staff will be booked and completed where identified.

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The PIC to check and review all incidents on XYEA daily. The ADOS will meet with the PIC and will review any actions taken in relation to safeguarding incidents. The ADOS` s will review xyea incidents every Monday morning. Staff are due safeguarding refresher in November 2022 on hseland</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Every year residents are consulted for the annual review via an easy read questionnaire. This occurs every year and is outlined in the annual review. Same is discussed every year at residents meetings. Specific infection prevention and control measures have been addressed. Residents rights will be discussed at residents meetings.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/12/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/10/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	23/08/2022

Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	30/11/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/11/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	01/09/2022
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	Substantially Compliant	Yellow	31/10/2022

	risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2022
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	31/10/2022
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	31/10/2022
Regulation 08(2)	The registered	Substantially	Yellow	30/11/2022

	provider shall protect residents from all forms of abuse.	Compliant		
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Substantially Compliant	Yellow	30/09/2022