Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Kerry Parents and Friends Association
Centre ID:	OSV-0003429
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Kerry Parents and Friends Association
Provider Nominee:	Maura Margaret Crowley
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
19 April 2016 09:10	19 April 2016 18:15

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with specific Outcomes.

As part of the inspection, the inspector spent time with two residents. The inspector observed that support was provided in an individualized and dignified way. The inspector reviewed documentation such as policies and procedures, risk assessment and templates. The inspector spoke with the person in charge, community nurse and staff on duty on the day of the inspection.

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. The centre was comprised of two domestic style houses (Service Unit A and Service Unit B). Service Unit A was two-storey building located in a residential area in the outskirts of a large town. Service Unit B was a single storey bungalow located within a small development in a rural village. The service was available to adult men and women who had intellectual disabilities. Service Unit A provided residential and respite services. Service Unit B provided respite service only.

The provider had not put adequate arrangements in place to protect and safeguard residents from abuse. A number of allegations of abuse had been notified to the Authority prior to the inspection. The provider was issued with an immediate action plan to manage this risk to residents within two days of the inspection. The plan submitted within the required timeframe was robust and clearly outlined sufficient measures to safeguard all residents.

The inspector found major non-compliances in three other core areas. The system for developing and reviewing personal plans was not robust. Inadequate fire safety systems were in place. Management systems were not adequate to support and promote the delivery of safe and effective services.

The inspector was not satisfied that the provider had put system in place to ensure that the regulations were being met. This resulted in poor experiences for residents, the details of which are described in the report.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Interaction between residents and staff was observed and the inspector noted staff promoted residents' dignity and maximized their independence, while also being respectful when providing assistance.

Residents were actively involved in the centre. Residents were consulted about, and participated in, decisions about the organization of the centre. House meetings with residents take place on a weekly basis. Items discussed included options for outings, trips away, menu choices, staff changes and requests for new appliances. The house meetings also provided an opportunity for staff to educate residents in a number of areas including safeguarding and hand hygiene.

Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals, assisting residents in personalizing their bedrooms and their choice of activities.

Inspectors observed that residents were supported in a dignified and respectful manner. Residents' capacity to exercise personal independence was promoted. For example, residents' ability to perform tasks in relation to personal hygiene and dressing was identified and residents were encouraged to perform these tasks.

Residents were encouraged to maintain their own privacy and dignity. Staff were observed to knock on bedroom doors before entering. Sanitary facilities were shared and the inspector noted that staff took appropriate measures to promote the privacy and dignity of residents during personal care. However, the measures were not always

outlined in intimate care plans and the intimate care plans were not kept up-to-date and did not cover all aspects of personal care including dental care and shaving. In addition, locks were not provided on the doors of sanitary facilities in Service Unit A to allow residents to promote their own privacy and dignity.

Residents' personal communications were respected and residents had access to a telephone and wireless internet.

There was a complaints policy which was displayed prominently throughout the centre and was also available in an accessible format. House meeting minutes indicated that the topics of making a complaint and complaints management were discussed with residents regularly. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. The complaints policy also outlined details in relation to accessing independent advocacy services.

The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The complaints form also included whether the complainant was satisfied. The investigation undertaken in response to complaints was thorough, comprehensive and prompt.

Residents were encouraged and facilitated to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in relation to residents' valuables were maintained and updated regularly. Residents were supported to do their own laundry if they wished and adequate facilities were available.

The person in charge confirmed that residents had easy access to personal monies. A transparent and robust system for the management of residents' finances was in place and an itemised record of the all transactions with the accompanying receipts was kept. However, the inspector saw and the person in charge confirmed that full support was provided to all residents in relation to finances. An assessment of each resident's competency in relation to finances had not been completed to identify measures that could be put in place to promote financial independence.

The person in charge outlined that financial records were to be audited on a regular basis by a member of the management team to ensure accuracy and completeness. However, the inspector noted that a resident's financial record had not been checked since December 2015 and this was acknowledged by the person in charge.

Residents are facilitated to exercise their civil, political and religious rights. Easy-read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote. Residents were supported to access religious services in line with their wishes.

Many residents were supported to attend a local day service run by the organization and transport was provided. In the evenings and at weekends, residents were supported to socialize in the local community and to access local services. The inspector observed that an individualized day service was provided in a service unit for a resident with dementia which included walks in the local area, watching films, helping staff with

household chores and looking at magazines and photos. However, the person in charge confirmed and acknowledged that an assessment had not been completed to ensure that the day service provided met the resident's needs and that the resident's day was meaningful.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
A sample of residents' plans was reviewed. A needs assessment was to be completed annually which covered a number of aspects including physical, medical, housing, personal preferences and environment. This was complimented by evidence-based assessment tools in relation to pain/distress, falls prevention and activities of daily living. However, the inspector noted, for one resident, a needs assessment had not been completed since March 2015 and that some of the assessment tools were not completed in full. For example, a tool to assess a resident's risk of falls had not been completed even though the resident had a diagnosis of osteoporosis and required assistance to mobilise and transfer. The inspector saw that a health check had been completed for this resident by a medical practitioner in October 2015 and the resident had a recent hospital visit in March 2016. The needs assessment had not been updated to reflect these events.

A personal plan had been developed for each resident which included a comprehensive life story, family support network and important background information. The personal plan outlined residents' needs in many areas including communication, decision-making, eating and drinking and healthcare. The resident and their representatives were consulted with and participated in the development of the personal plan.

Goals and objectives were clearly outlined. There was evidence of resident involvement in agreeing and or setting these goals. There was also evidence that individual goals were achieved. A number of goals were true aspirations and would improve the

residents' quality of life such as going on a train trip and achieving independence in life skills. However, the inspector noted that a number of the goals outlined focussed on staff continuing to support the residents in activities they enjoy and therefore did not maximize resident's personal development. In addition, the person responsible for supporting the resident in pursuing goals and the timeline for achieving the goal was not always clearly identified.

The person in charge and staff outlined that the personal plan was subject to a review on an annual basis or more frequently if circumstances change with the maximum participation of the resident. The inspector noted that the review did assess the effectiveness of the plan and reviewed the goals and or aspirations that had been identified. Changes in circumstances and new developments were included in the personal plan and amendments were made as appropriate. However, the review was not multidisciplinary in nature for all personal plans reviewed during the inspection.

The inspector noted that residents had assessed healthcare needs and plans had been developed to guide staff in supporting residents with their healthcare needs. However, plans had not been developed for all assessed healthcare needs including dementia and pain associated with arthritis.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
A safety statement and risk management policy were in place; this had been last reviewed in April 2012. The general aims and objectives in relation to health and safety within the centre were outlined. Broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk were also included.

The inspector reviewed the risk register and saw that there was a system to identify and review hazards. The risks identified specifically in the regulations were included in the risk register. However, improvements were required in relation to the implementation, review and documentation of control measures. It was not clear from the risk assessments completed before and after the implementation of controls, whether the controls were adequate as the documented level of risk had not reduced. In addition, the risk register was not kept under continual review and updated with a number of centre-specific risks observed on the day of inspection.

A comprehensive emergency plan was in place which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

The inspector reviewed a sample of incident forms and saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents.

Suitable fire safety equipment was provided throughout the centre. Fire safety equipment was to be serviced on an annual basis, most recently in October 2015. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas. Records of daily and monthly fire checks were kept. These checks included inspection of escape routes and fire extinguishers.

However, the inspector noted significant deficiencies in fire safety systems across the two service units and this was confirmed by a subsequent report from a suitably qualified person commissioned by the provider following the inspection. An adequate means to detect fire was not installed in Service Unit A. Emergency lighting was not provided in Service Unit A and Service Unit B. Fire doors had not been fitted in Service Unit A and B to provide adequate fire containment. Due to the potential catastrophic impact of a fire, the inspector judged this outcome to be at a level of major non-compliance. In addition, following completion of this inspection the provider was requested to provide HIQA with assurance that the current fire safety arrangements in the centre adequately mitigated against the risks.

Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire and the training matrix made available confirmed that all staff had received mandatory fire safety training. Fire drills took place on a quarterly basis and a detailed description of the fire drill, duration, participants and any issues identified was to be maintained. However, the inspector reviewed records for six recent fire drills; the time taken to complete evacuation was not recorded in two of these records and the records did not record any issues or detail relating to the drill.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and had been updated regularly and in line with residents' changing needs.

Procedures were also in place for the prevention and control of infection. The centre was visibly clean and there were adequate hand-sanitizing and washing facilities for residents, staff and visitors. Staff confirmed that personal protective equipment were

available. The person in charge informed the inspector that staff had received training in relation to hand hygiene and that there were trained hand hygiene auditors within the service. Competency assessments in relation to staff hand hygiene practice were made available to the inspector.

Vehicles were available and records confirmed that the vehicles were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in December 2014. The policy identified the designated safeguarding officer. The policy outlined that the organization had a zero tolerance approach to any form of abuse and endeavoured to promote a culture that supports this ethos. The policy and procedure were comprehensive, evidence-based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse.

The inspector noted that the policy outlined a number of safeguards in place to protect residents from abuse including recognition of human rights, adopting a person-centred approach, creating an open culture, promoting advocacy, ensuring confidentiality, empowerment of residents and collaboration. Safeguarding and self-protection was discussed at residents' meetings. However, at the time of the inspection, the person in charge had submitted 10 notifications to the chief inspector relating to any allegation, suspected or confirmed abuse to a resident. The allegations had been made in the week before the inspection and related to incidents that had occurred within the previous five weeks. The inspector concluded that, based on the nature of the allegations, there were insufficient measures in place to safeguard residents from all forms of abuse. The inspector required the provider to take immediate action to safeguard residents. The provider was required to submit a detailed plan for managing the potential risk to

residents within two days of the inspection. The plan submitted was robust and clearly outlined sufficient measures to safeguard all residents.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. The person in charge outlined that, following the recent allegations, refresher training had been organized for all staff and a staff meeting to discuss safeguarding took place on the day of inspection. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse.

Records were provided that confirmed that the recent allegations of abuse had been recorded and appropriate systems had been put in place to appropriately investigate the allegations in line with national guidance and legislation. It was observed that appropriate temporary safeguards had been put in place during the investigation.

A centre-specific policy was in place to support residents with behaviour that challenges. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that all staff had completed training in the management of behaviour that is challenging including de-escalation and intervention techniques.

The inspector reviewed a selection of plans to support behaviour that challenges and spoke with staff. Residents and their representatives were involved in discussions and reviews that had been arranged to support residents to manage their own behaviour. Specialist input had been sought and clear strategies were in place to support residents to manage their own behaviour and staff were able to describe the strategies in use. Protocols were in place and evidence-based tools such as Antecedent Behaviour Consequence (ABC) charts and scatter plots were used to validate that the strategies outlined were effective.

A policy for restrictive practices was in place which was comprehensive and was in line with evidence-based practice. The inspector observed that bed rails and a listening device were in use at the time of the inspection. Staff with whom the inspector spoke outlined a clear rationale for the use of both. However, documentary evidence was not made available to the inspector that less restrictive alternatives were considered and multidisciplinary input had not been sought when planning and reviewing individual interventions for residents. In addition, there were no documented checks available to monitor and evaluate the risks associated with these interventions.

Judgment:
Non Compliant - Major

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents' healthcare needs were met through timely access to healthcare services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out-of-hours" service was available if required. The inspector saw that residents were reviewed by the medical practitioner regularly. Medical advice and consultation in the event of clinical deterioration was seen to be sought in a timely fashion. There was clear evidence that where treatment was recommended and agreed by residents, this treatment was facilitated. Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Residents' right to refuse medical treatment was respected. However, discussions with residents and their representatives in relation to residents' wishes in relation to care at times of illness or end-of-life had not been completed. Therefore, information would not be available for some residents to guide staff in meeting residents' needs whilst respecting their dignity, autonomy, rights and wishes.

Where referrals were made to specialist services or consultants, the inspector saw that staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals.

The management of epilepsy was in line with evidence-based practice. A comprehensive record of seizure including date, time, type of seizure, duration and recovery was maintained. A personalized management plan was in place which guided staff in the administration of 'emergency medicine' and staff had received appropriate training. Residents were supported to visit the neurology clinic regularly and the appropriate recommendations were implemented.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents' weights were monitored on a monthly basis and residents' weights were stable and within a healthy range. A process was in place to make referrals to a dietician, when appropriate. Residents were encouraged to be active and enjoyed walks and other activities in the locality.

Residents were encouraged to be involved in the preparation and cooking of meals. Staff with whom the inspector spoke confirmed that a choice was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. The inspector saw that there were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks. There was adequate provision for residents to store food in

hygienic conditions. The specialist advice of speech and language therapists in relation to the provision of food and fluids of a modified consistency was seen to be implemented by staff.

Judgment:
Substantially Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Medicines for residents were supplied by local community pharmacies. Staff confirmed that the pharmacist was facilitated to meet their obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. There was a centre-specific medicines management policy which had been reviewed in October 2013. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines.

Staff demonstrated an understanding of medicines management and adherence to guidelines and regulatory requirements. The inspector noted that medicines were stored securely. However, the person in charge confirmed that the temperature was not monitored and recorded daily to ensure the reliability of the medication refrigerator. Medicines requiring additional controls were not in use at the time of the inspection. Training had been provided to staff on medicines management.

Compliance aids were used by staff to administer some medicines to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines.

A sample of medication prescription and administration records was reviewed. Medication administration records identified the medicines on the prescription and allowed space to record comments on withholding or refusing medicines. The inspector saw that the medication administration records indicated that medicines were administered as prescribed.

There was evidence that residents were offered the opportunity to take responsibility for their own medicines. A comprehensive and individualized assessment was available which took into account cognition, communication, reception and dexterity.

Staff outlined the manner in which medicines which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemized, verifiable audit trail.

A system was in place for reviewing and monitoring safe medicines management practices. The results of a medicines management audit were made available to the inspector. The audit identified pertinent deficiencies and the inspector confirmed that actions had been completed.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and or their representative. This record was signed by staff and the resident and or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

Medication related errors were identified, reported on an online incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented.

Training had been provided to staff on medicines management and the administration of buccal midazolam.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were systems in place to monitor the quality of care and experience of residents. The inspector saw that a number of audits had been completed in a number of key areas and action plans had emanated from these audits which identified areas of improvement.

The person nominated by the provider had arranged for the person in charge to undertake an unannounced visit to the centre in the last six months to assess quality and safety. The inspector read a report of the most recent unannounced inspection undertaken in January 2016. There was evidence that pertinent deficiencies were identified, acted upon and improvements made.

The annual review of the quality and safety of care was made available to the inspector who saw that it was comprehensive and was based on the standards and regulations.

There was a clearly defined management structure that identified the lines of authority and accountability. Management meetings for the service took place on a monthly basis and were attended by the person nominated by the provider, person in charge and senior managers within the service. Key governance issues were discussed such as training priorities, health and safety, quality and standards, incident reporting, safeguarding and finances. A monthly quality and standards meeting was attended by managers and the person in charge where issues, including medicines management, incident reporting, access to allied healthcare professionals, evidenced based practice, healthcare, audits and fire safety, were discussed.

The inspector concluded that the centre was managed by a suitably qualified, skilled and experienced person. The person in charge was a registered nurse and had many years of experience in supporting adults with an intellectual disability. The post of the person in charge was full time. The person in charge was committed to providing support that was individualized and demonstrated an in-depth knowledge of evidence-based practice. However, the inspector concluded, based on the findings of this inspection, that inadequate systems were in place to ensure that the person in charge had sufficient authority, accountability and responsibility for the service. The person in charge outlined that she was also Acting Director of Services with a number of other areas of responsibility. The lack of oversight and robust governance had led to inadequate supervision to safeguard residents and inconsistent personal planning for residents.

Judgment:
Non Compliant - Major

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was a planned and actual staff roster in place which showed the staff on duty during the day and sleepover staff on duty at night. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers were appropriate to meeting the number and assessed needs of the residents. The inspector noted that a regular team supported residents and this provided continuity of care and support. However, the person in charge and community nurse outlined to the inspector that the service had identified the need for additional nursing support for this centre due to increasing assessed healthcare needs of a resident. A risk assessment had been completed by the service in relation to this risk and a risk rating of 12 (moderate risk) had been calculated.

A sample of staff files was reviewed and found to contain all the required elements. There was evidence of effective recruitment and induction procedures; in line with the centre-specific policy.

Staff were observed to be supervised appropriate to their role on a day-to-day basis. Regular staff meetings were held and items discussed included health and safety, medicines management, residents' needs, complaints and compliments, safeguarding and documentation. However, the person in charge confirmed that a formal appraisal system was not in place for staff.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. The minutes of management meetings were disseminated and discussed at staff meetings. The inspector saw that copies of both the regulations and the standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. The programme of training reflected the needs of residents. However, the inspector noted, and the person in charge confirmed, that one staff member had not completed manual handling training and that 19 staff members had not completed dysphagia training even though this had been identified as an assessed need for some residents.

Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Kerry Parents and Friends Association
Centre ID:	OSV-0003429
Date of Inspection:	19 April 2016
Date of response:	27 June 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The measures to promote residents' privacy and dignity were not always outlined in intimate care plans.

Intimate care plans were not kept up to date did not cover all aspects of personal care.

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Locks were not provided on the doors of sanitary facilities in Service Unit A to allow residents to promote their own privacy and dignity

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
New updated intimate care plans in place for all residents.
Locks provided on sanitary facilities.

Proposed Timescale: 17/06/2016

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An assessment of each resident's competency in relation to finances had not been completed to identify measures that could be put in place to promote financial independence.

A resident's financial record had not been checked since December 2015.

2. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
All residents' financial records are now up to date.
Sourced an assessment to assess financial ability and understanding. To be carried out for each resident over coming months.

Proposed Timescale: 30/09/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An assessment had not been completed to ensure that the day service provided met the resident's needs and that the resident's day was meaningful

3. Action Required:
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:
Developed an individual Activation Participation scale which will identify the level of participation and the level of enjoyment in the activity by the person.
Commenced daily activity recording sheets.
Developed individual timetables which incorporates a guide and a list of alternative activities if the person does not want to participate in a timetabled activity.

Proposed Timescale: 27/06/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Plans had not been developed in line with each resident's assessed healthcare needs.

4. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
Identified health care needs are supported by individual plans. These are to be completed by the end of July.

Proposed Timescale: 31/07/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A needs assessment had not been completed for a resident since March 2015 and that some of the assessment tools were not completed in full.

5. Action Required:
Under Regulation 05 (1) (b) you are required to: 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
Needs assessment has been reviewed.
Assessment tools have all been reviewed and completed in full.

Proposed Timescale: 17/06/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A number of the goals outlined focussed on staff continuing to support the residents in activities they enjoy and were therefore not true aspirations and would not improve the resident's quality of life.

6. Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
All staff currently reviewing goals and compliance with record keeping guidelines in relation to same with support from manager.
Reviewing guidelines on Personal plans with an emphasis on the goal section at meeting on 29/06/2016.
Organisationally a team is developing guidelines on setting quality goals and developing a training DVD on goal setting.

Proposed Timescale: 30/11/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person responsible and the timeframe for supporting the resident in pursuing goals was not always clearly identified.

7. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
All key workers are currently being supported to follow guidelines on record keeping and goal management.
Action plans form Personal Plan audits will be ongoing into the future.

Proposed Timescale: 31/08/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review was not multidisciplinary in nature for all personal plans reviewed during the inspection.

8. Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
Process in place for future reviews to ensure members of the MDT are invited to attend review meetings.

Proposed Timescale: 20/06/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not clear from the risk assessments completed before and after the implementation of controls, whether the controls were adequate as the documented level of risk had not reduced.

9. Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
The management of the online system are at our request currently working on a risk escalation process on the system to meet our needs.

Proposed Timescale: 31/08/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of centre-specific risks observed on the day of inspection were not included in the risk register.

10. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
Risk management issues identified on day of inspection have been completed on the online system. Transfer to the online system is to be completed by August 2016.

Proposed Timescale: 31/08/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk register was not kept under continual review.

11. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
The online system will support managers to review risks in a timely manner as outlined by the identified level of risk.

Proposed Timescale: 31/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire doors had not been fitted in Service Unit A and B to provide adequate fire containment.

12. Action Required:
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:
Fire Doors will be fitted in the two identified houses as per the fire safety report submitted to the Authority on the 1st June 2016.

Proposed Timescale: 30/12/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drill records were not complete.

13. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Fire safety procedures and recording practices were discussed at team meeting
Audit on fire safety scheduled to be carried out monthly.

Proposed Timescale: 11/05/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Emergency lighting was not installed in either service unit.

14. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
New emergency lighting was fitted.
Bulbs were replaced in emergency lighting.

Proposed Timescale: 30/12/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was not an adequate means to detect fire.

15. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
Fire detectors will be fitted as per the fire safety report submitted to the Authority on June 1st 2016.

Proposed Timescale: 30/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Documentary evidence was not made available to that less restrictive alternatives were considered and multidisciplinary input had not been sought when planning and reviewing individual interventions for residents.

There were no documented checks available to monitor and evaluate the risks associated with these interventions.

16. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
Protocols have been put in place re the use of the monitor and the use of bed rails.
Guidelines on the use of bedrails have been developed with nightly checks to be carried out.
Restrictive practice forms submitted to Restrictive Practice committee.

Proposed Timescale: 11/05/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient measures in place to safeguard residents from all forms of abuse.

17. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
Extraordinary meeting held with a single agenda focus on safeguarding.
Updated safeguarding training carried out for all staff only 1 staff is currently outstanding for the updated training.

Proposed Timescale: 30/09/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Discussions with residents and their representatives in relation to residents' wishes in relation to care at times of illness or end-of-life had not been completed.

18. Action Required:
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

Please state the actions you have taken or are planning to take:
Template to be used to guide staff, the person and their family member through the discussions around care during illness and end of life.

Proposed Timescale: 30/11/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The temperature was not monitored and recorded daily to ensure the reliability of the medication refrigerator.

19. Action Required:
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
Recording sheet for fridge temperature now in place.

Proposed Timescale: 11/05/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inadequate systems were in place to ensure that the person in charge had sufficient authority, accountability and responsibility for the service

20. Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place 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.

Please state the actions you have taken or are planning to take:
Acting person in charge has commenced her role.

Proposed Timescale: 25/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a need for additional nursing support in this centre due to increasing assessed health care needs of a resident.

21. Action Required:
Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

Please state the actions you have taken or are planning to take:
Submission made to HSE re funding application for nursing hours in the house. Nursing support of 1 hour a day five days a week has been put in place since the 20/04/2016.

Proposed Timescale: 20/04/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A formal appraisal system for staff was not in place.

22. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
Supervision has commenced and will be completed by 31/07/2016.

Proposed Timescale: 31/07/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One staff member had not completed manual handling training and 19 staff members had not completed dysphagia training even though this had been identified as an assessed need for some residents.

23. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
All staff have completed people moving and handling training.
Staff were directed to complete FEDS(feeding, eating, drinking and swallowing) training with HSEland.

Proposed Timescale: 31/07/2016