Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Tralee Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	16 October 2018
Centre ID:	OSV-0003426
Fieldwork ID:	MON-0025174

About the designated centre

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

This designated centre consists of three houses located a short distance from each other in a large busy town that affords a variety of amenities to residents. Full time residential services and a day service are provided to a maximum of 12 residents. The day service operates on weekdays from 09:30 to 16:00hrs. The centre can accommodate a broad range of needs in relation to intellectual disability and residents with a range of medical and physical issues. The provider commits to provide a high standard of person-centred care to each person supported. The centre is staffed at all times with oversight provided by the person in charge supported by a social care leader.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

How we inspect

To prepare for this inspection the inspector or 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
16 October 2018	09:30hrs to 18:00hrs	Mary Moore	Lead

Views of people who use the service

The inspector met with 10 of the twelve residents living in the centre. Some residents engaged freely and provided clear feedback on life in the centre. Other residents communicated and indicated their comfort in their home, with staff and with the inspector through facial expression and gesture. The feedback regardless of how it was communicated was positive in relation to the provider, staff and the service received.

Residents told the inspector that they could not be happier; they said staff were good and kind to them, they could speak to staff and to management including senior management. Residents said that they felt safe and were satisfied with the access that they had to services such as their GP (General Practitioner), to family and their opportunities for ongoing community engagement. Residents spoke very positively of the variety and quality of their meals.

Residents told the inspector that they would tell staff if there was something that they were not happy with. Residents raised two issues with the inspector that they had identified as needing improvement; redecoration of areas of the premises and a review of the transportation provided. Residents knew that the provider was aware of their dissatisfaction and on the one hand were confident that the provider would address these issues for them. Residents were also however anxious to know what assistance HIQA (Health Information and Quality Authority) could give particularly in relation to acquiring new transport.

Capacity and capability

The inspector found this centre to be consistently managed; the provider itself had effective monitoring systems for identifying area's that required improvement. This ensured each resident received safe, quality support that was appropriate to their needs.

It was evident that the person in charge was consistently engaged in the management of the centre; this included oversight of daily practice and the implementation of any improvements required. The person in charge was supported by a social care leader and said that she had ready access and support as needed from the senior management team. The person in charge also attended formal meetings convened such as the quality and standards meetings and management meetings attended by the chief executive officer. Lines of responsibility and

accountability were clear; the inspector saw that the person in charge escalated issues that could not be resolved locally. This reflected the governance arrangements as detailed in the statement of purpose and function for the centre.

The provider was completing internal quality and safety reviews on a six-monthly basis as required by the regulations; the inspector reviewed the reports of reviews completed in April and October 2018. Actions did issue from these reviews but the lines of enquiry were robust and focussed on promoting improvement. Each review followed up on the previous action plan and overall, improvement was evidenced; this demonstrated that the provider was effectively using the findings of these reviews to improve the service provided to residents.

The inspector found that the provider had addressed the staffing deficit identified at the time of the last inspection and kept staffing levels and skill-mix and their ability to meet resident's needs under review. For example the ongoing ability of one staff to meet resident's needs in one house in the morning was identified as a challenge as residents' needs were increasing. Staff said that this was a busy time and getting busier. Additional staffing hours had been allocated in response to individual and collective resident needs; the positive impact of these on residents and staff was acknowledged particularly in relation to community access and the prevention of negative peer to peer issues.

There was a requirement for relief hours to fill some of these additional hours but consideration was given to consistency when completing the staff rota so that staff were familiar with residents and vice versa. There was evidence as discussed with the inspector that the provider was addressing potential issues arising in relation to staff skill-mix. There was no evidence currently of negative impact on residents.

The inspector saw that the person in charge and the internal provider reviews monitored staff attendance at training. From the staff training records the inspector saw that deficits had been addressed and refresher training had been completed or scheduled. In addition to mandatory training staff had completed training that reflected their work and residents needs such as medicines management, first aid and safe eating and drinking for residents with impaired swallow.

It was clear that residents knew how to complain and did complain. Staff recorded their complaints and the actions taken to resolve them. Where issues were not resolved to resident satisfaction this was acknowledged and accurately recorded as such. There was one complaint made by residents in March 2018 that was not resolved; ongoing resident dissatisfaction was recently recorded by staff and residents also brought the matter to the attention of the inspector. Residents complained that the transport available to them was old and not suited to their needs and did not offer them sufficient space.

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre. The person in charge facilitated the inspection with ease and had sound knowledge of the residents and their needs and of the general operation and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider monitored staffing levels, skill-mix and arrangements to ensure they were appropriate to the number and assessed needs of the residents. There were staffing matters under consideration at the time of inspection and evidence that they were being managed and in progress by the person in charge and the provider. There was no evidence available to the inspector that resident needs were currently not met. While there was a requirement for relief staff this was managed so that residents received continuity of care and supports.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed mandatory training within the specified time-frames; refresher training was scheduled. Staff had completed additional training that supported them to safely meet resident's needs. The provider was open to providing education and training for staff to expand their roles and skills.

The person in charge provided support and supervision to staff on a regular basis.

Judgment: Compliant

Regulation 21: Records

The inspector found that the records listed in part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 were in place. Any records requested were

retrieved for the inspector with ease; the required information was easily extracted from the records; the records were well maintained.

Judgment: Compliant

Regulation 23: Governance and management

The centre was effectively and consistently governed so as to ensure and assure the delivery of safe, quality supports and services to residents. The provider had systems of review and utilized the findings of reviews to inform and improve the safety and quality of the service.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the designated centre there were effective arrangements for ensuring that the prescribed notifications were submitted to HIQA.

Judgment: Compliant

Regulation 34: Complaints procedure

There was one complaint made by residents in March 2018 that was not resolved; ongoing resident dissatisfaction was recently recorded by staff and residents also brought the matter to the attention of the inspector.

Judgment: Substantially compliant

Quality and safety

Because this centre was well-governed including the effective arrangements that the provider had for monitoring, overall, the inspector found that residents were in

receipt of an individualised, safe, quality service. There were areas that did require improvement such as the maintenance of vehicles, the organisation of facilities that supported infection prevention and control practice and the completion of fire safety works.

Residents living in the centre presented with a diverse range of needs, ability and interests; different levels of support were provided in accordance with the assessed needs and requirements of each resident. This meant for example that if some residents required a slower or quieter pace of life, this was provided but did not impact negatively on others with perhaps more physical ability or who liked regular social engagement.

The provision of support was based on a comprehensive assessment of resident ability, choices and needs; a plan of support was devised based on the findings of the assessment. The sample of support plans reviewed by the inspector was presented so as to provide a clear integrated picture of each resident, the areas where support was required and what that support was. The plan included resident's personal goals and objectives, the actions required to progress these and the staff responsible. Residents and as appropriate their representative were consulted with and participated in the development and review of the plan.

The inspector found that resident's personal objectives were delivered. On an individualised basis residents had access to a broad range of activities and community engagement; this was evident from records seen and from speaking with residents. The range of opportunities that residents enjoyed was extensive and a good balance was achieved as to what was facilitated in the day service and what was accessed in the local community. Residents said that they were happy with their routines and their life.

Residents were supported by staff to enjoy good health. Staff monitored resident well-being and facilitated residents to access their choice of General Practitioner (GP). Access was also facilitated to other healthcare services including optical, dental, chiropody, psychiatry, speech and language therapy and dietetic review. There was evidence of a health promoting ethos to care such as access to screening programmes, regular blood-profiling and seasonal influenza vaccination.

There were specific care plan that clearly guided staff practice, for example if regular monitoring of weight or vital signs was stipulated in the plan, the associated record was seen. A resident's right to refuse intervention was respected but equally there was work in progress in the form of social stories (a tool to share accurate information in a meaningful and reassuring manner that is easily understood) with the hope of promoting resident co-operation.

The provider had effective arrangements for supporting residents to manage any behaviour of concern or risk to themselves, their peers or staff. This effectiveness was evident from speaking with staff and from records reviewed; for example accident and incident records indicated an improved and low occurrence of behaviour related incidents. This was achieved with support from the psychologist, training for staff and the provision of additional staffing resources to support

meaningful engagement and occupation; this improved the quality and safety of life in the centre on an individual and collective basis.

Residents enjoyed minimal restrictions in their life and routines. The restrictive practice committee maintained good oversight of restrictive practices; records seen demonstrated that these were minimal and a last resort, for example the use of medicines in response to behaviour.

There was a clear understanding of abuse and how to protect residents from harm of abuse. There was evidence of collaborative safeguarding practice between residents, staff, families, the provider and other stakeholders. There were supporting risk assessments and plans; residents said that they felt safe.

Resident safety was further promoted by risk management practice. Overall the evidence was that risk identification and management was considered as change occurred or needs altered. For example a stairs-chair lift was recently installed to promote accessibility for a resident; there were risk assessments and protocols for its safe use and the impact on other residents safety was considered and monitored. The person in charge maintained a comprehensive range of centre and resident specific and work related hazards, their assessment and management.

However, there were inadequate arrangements for reviewing and ensuring the roadworthiness of all vehicles. The inspector saw that there was uneven wear on the tyres of one vehicle and one tyre was excessively worn. This was brought to the attention of the provider who was requested to review it as a matter of priority. Staff said that overall the vehicle was old (17 years old) and very unreliable.

The provider has a plan but had advised HIQA that it required additional time to complete fire safety works; these works refer to the provision of fire resistant door-sets across the three houses. The inspector reviewed the existing fire safety measures and found that the fire detection system, emergency lighting and fire fighting equipment were appropriately inspected and tested. Staff had completed fire safety training and undertook simulated evacuation drills with residents including scenarios that replicated night-time conditions. Satisfactory evacuation times were achieved and resident PEEPS (Personal Emergency Evacuation Plans) were reviewed after these drills if necessary, for example if residents were wearing headphones that might obscure the sound of the alarm. The person in charge had recently completed an audit of fire safety; there was a plan to address any areas identified for improvement, for example the scheduling of drills to ensure that staff employed on a less than full-time basis participated in these.

The facilities in one house in the context of resident needs did not support infection prevention and control practice. Staff had attended education on hand hygiene and infection prevention and control. Staff spoken with described practice in the management of linen and laundry that was consistent with good practice. However, infection prevention and control advice sought and provided in 2017 had found that the location of the toilet, and the location and type of washing machine presented challenges to maintaining infection prevention and control. These facilities were seen to be unaltered.

Regulation 13: General welfare and development

Residents presented with a broad range of needs in the context of their disability but also other factors such as their age and individual interests. There was no evidence that this presented a barrier either in terms of too little stimulation or unrealistic expectations. Residents and families were consulted with in relation to the supports that were required. There was evidence of an individualised approach to support and consideration of the suitability of programmes to each individual. Residents presented as content and reported satisfaction with their quality of life.

Judgment: Compliant

Regulation 17: Premises

The inspector saw that the provider had invested in the maintenance of the premises; this maintenance included the provision of new windows and the replacement of the roof in the oldest property. A wash-hand basin had been provided in a sanitary facility where there had been none and rusted grab-rails and other items such as piping that had repaired or replaced.

Further to the work that had been completed redecoration was seen to be required; for example where the roof had leaked. The provider has given a commitment to residents that this work will be completed once the outstanding fire safety works are completed. This is a reasonable and practical position in the context of the effective use of resources and on that basis an action is not issued.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were very complimentary of the meals provided; meals were freshly prepared by catering staff based on residents' preferences and choices. Nutritional practice was supported by advice and recommendations by the relevant healthcare

professionals. Staff spoken with understood the importance of providing residents with a quality dining experience and were attuned to the little things that encouraged a healthy diet such as portion size or even the colour of the plate provided.

Judgment: Compliant

Regulation 26: Risk management procedures

There were inadequate arrangements for reviewing and ensuring the road-worthiness of all vehicles. The provider was required to review the safety of tyres on one vehicle reviewed by the inspector.

Judgment: Not compliant

Regulation 27: Protection against infection

The facilities in one house in the context of residents needs did not support infection prevention and control practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were outstanding fire safety works; these works were required to contain smoke and fire and protect escape routes.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider had measures that ensured that residents were protected by safe

medicines management. Staff had attended training; prescriptions were current and legible; staff maintained a record of each medicine administered and completed regular stock balances. There were systems for responding to any medicines related incidents; the inspector reviewed these records and found that staff were vigilant in detecting any anomalies; there was a low incidence of staff-related errors.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs and outlined the supports required to maximise their well-being, personal development and quality of life. The plan was developed and reviewed in consultation with the resident and their representative as appropriate and in accordance with their wishes. Staff recorded how residents expressed their choices and their views on their required supports and how these informed the plan. The plan was kept under review.

Judgment: Compliant

Regulation 6: Health care

Staff assessed, planned for and monitored residents healthcare needs. Each resident has access to the support and range of healthcare services that they required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was evidence of a positive approach to the management of behaviour and plans that detailed how preventative therapeutic interventions were implemented. The plan was tailored to individual needs.

There was policy, procedure and oversight of the use of restrictive practices. Residents enjoyed routines, support and an environment free of unnecessary restrictions.

Judgment: Compliant

Regulation 8: Protection

The provider had effective procedures for ensuring that residents were protected from all forms of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tralee Residential Services OSV-0003426

Inspection ID: MON-0025174

Date of inspection: 16/10/2018

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The service provider will continue to provide an effective complaints procedure. Senior management have been notified of the complaint and are aware that the transport situation in Tralee residential services is priority. Funding is a barrier to resolving a current complaint in relation to transport. The transport within the entire organization is being reviewed and audited in January 2019, it will be determined at this stage which service will receive new transport. It is hoped that this issue will be resolved by March 2019	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The designated centre will ensure that there is compliance with risk management in line with policy. The tyres on the said vehicle were changed on 17/10/18. A winter ready transport audit was completed in the designated centre and a new walk around check list has been rolled out.	

Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Awaiting quotation from Broderick's building to convert an existing toilet area in to a laundry room to reduce the risk of health care associated infection. Work to be completed by March 2019	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Effective fire safety management systems are now in place, all fire doors have now been installed in all areas.	

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 26(3)	The registered provider shall ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.	Not Compliant	Orange	31/01/2019
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	Substantially Compliant	Yellow	31/03/2019

	prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	15/12/2018
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	30/06/2019