

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

Issued by the Chief Inspector

Name of designated centre:	Parkside Residential Services Kilmeaden
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	26 May 2022
Centre ID:	OSV-0005106
Fieldwork ID:	MON-0027611

About the designated centre

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

Parkside Residential Services Kilmeaden is a five bedroom two-storey detached house located in a rural area. The centre provides residential care for four men with mild to moderate intellectual disability ranging in age from 28 to 54 and has a maximum capacity for four residents. It is open 365 days of the year on a 24 hour basis. Each resident has their own bedroom and other facilities throughout the centre include a kitchen, a dining room, three living rooms, bathroom facilities and garden areas. Staff support is provided by social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 26 May 2022	13:30hrs to 18:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this announced inspection, the inspector met with two of the four residents who lived in this designated centre. Two residents were on a trip to the Zoo that was facilitated by their day service. These residents were offered the opportunity to speak with the inspector on the telephone, which they both declined.

This inspection was carried out with two clear objectives; to identify if improvements had been made in the levels of compliance identified in inspections carried out by the Health Information and Quality Authority (HIQA) in September 2021 and January 2022, and to make a decision regarding the designated centre's application to renew registration.

There was a clear compatibility issue between two residents who lived in this designated centre. This had been identified in previous inspections carried out by HIQA. It was documented in the most recent annual review of the designated centre that one resident wanted to live alone, while another resident did not want to live with a particular resident. A resident spoken with told the inspector that they were happier than they were when the inspector visited their home in January 2022. This was due to a reduction in incidents and negative interactions between the two residents. However, they clearly communicated that they still did not want to live with the other resident. The inspector reviewed the documented incidents and interactions between both residents. Although these were managed appropriately and the inspector was assured that residents were safe, it was evident that they negatively impacted on the residents concerned.

The provider had sourced an alternative placement for one of these residents, however they did not have sufficient resources to provide staffing in the new location so that one resident could transition to their proposed new placement.

One resident could not verbally communicate their views with the inspector. When the inspector met with them, they used manual signing to communicate their daily plan, including plans to go for a walk later that day. Staff members facilitated communication with the resident. It was evident that staff knew this resident, and their communication style well. The resident indicated that they were happy in their home, and that they liked their bedroom.

The inspector received four questionnaires completed by residents about the care and support that they received in their home. Overall, residents were happy with the supports provided to them in their home. Residents had been supported to make complaints if they wished, and identified that they had been happy with how these were dealt with. Residents also noted that they engaged in a wide variety of activities in line with their likes and choices. The next two sections of this report will 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 provided.

Capacity and capability

This inspection was completed to make a decision on the registered provider's application to renew the registration of the designated centre. In advance of this inspection, the registered provider had submitted documentation for the inspector to review. This included a statement of purpose, resident's guide and floor plans outlining the footprint of the designated centre. This information had been submitted in the correct format, in a timely manner.

The statement of purpose outlined that the person in charge would spend eight hours on-site in the designated centre each fortnight. On discussion with the person in charge, it was identified that they visited the centre for a number of hours on one day each week. This would not be sufficient to ensure the effective monitoring and oversight of the designated centre. The person in charge had reportedly raised this issue to their line manager and as a result some additional measures were put in place however these were not sufficient.

All staff working in the designated centre reported directly to the person in charge. Staff spoken with on the day of the inspection were complimentary of the person in charge. It was evident that consistent management had a positive impact on the provision of care and support to residents in their home. However, as person in charge only visited the centre weekly, the level of oversight was not sufficient to ensure the service provided to residents was consistently and effectively monitored.

Audits including the annual review and unannounced six monthly audits had been completed in line with the regulations. Medicines and pharmacy audits had also been completed. The appointment of a compliance officer had supported the person in charge to identify areas for improvement, and put actions in place to address these areas.

Overall, improvements to the levels of regulatory compliance had occurred in this centre. However, due to the low levels of managerial monitoring and oversight on-site in the centre, it was not evident that this could be appropriately sustained.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a complete application to renew the registration of the designated centre. This included submitting documents in the correct format, and payment of the application fee.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was appropriately insured. Documented evidence of this was submitted with the centre's application to renew registration.

Judgment: Compliant

Regulation 23: Governance and management

A permanent and consistent person in charge had been appointed to the designated centre. To increase compliance after the inspection completed in January 2022, an additional support had been put in place for a period of eight weeks to support the person in charge to complete auditing and ensure quality improvement in the centre. This had a positive impact on provider auditing and planning in the centre. This support was no longer in place at the time of this inspection. A compliance officer had also been appointed in the organisation. The person in charge noted that this resource had supported the increased compliance of the centre, and it was evident that the person in charge had requested the compliance officer complete a number of additional audits to ensure the quick progression of audit action plans and quality improvement.

Due to the size, number and geographical location of designated centres in the person in charge's remit, at the time of this inspection they only visited this designated centre for the purpose of oversight and monitoring one day each week. It was documented in the statement of purpose that the person in charge would spend 8 hours on-site in the centre each fortnight. This would not be sufficient to ensure the service provided to residents was consistently and effectively monitored. The person in charge had raised this issue to their line manager and a meeting had been held to discuss the remit of the person in charge. After this inspection had taken place, the registered provider informed the inspector that an additional person in charge post had been sanctioned to reduce the remit of this person in charge. This was undergoing recruitment process.

Judgment: Not compliant

Regulation 3: Statement of purpose

The designated centre had a statement of purpose. This document outlined the care

and support residents would receive in their home, as outlined in Schedule 1 of the regulations. This was submitted in advance of the inspection as part of the centre's application to renew registration.

Judgment: Compliant

Quality and safety

Increased levels of compliance had a positive impact on the lives of residents living in this designated centre. Improvements had been made in areas such as risk management and infection prevention and control. However, it was evident that two residents did not want to live together in their home. Progression of the transition of one resident was required to ensure the designated centre was suitable to meet the assessed needs of all residents.

Safeguarding plans had been developed to ensure residents were protected from suspected/confirmed abuse. In line with safeguarding plans, two residents lived separate lives in their home. For example, the residents went home to spend time with their families on alternative weekends to minimise shared time in their home. When at home, residents used separate living areas and did not engage in any shared activities. The number of alleged incidents had significantly reduced since the previous inspection, however there was still evidence of negative interactions when residents were in their home. Oversight of these negative interactions included the multi-disciplinary team and the designated safeguarding officer. It was noted that although these measures worked well, they were an interim measure only. In line with the wishes of both residents, one resident's transition to a new home was required.

Incidents occurring in the centre were overseen by the person in charge. Staff members completed daily handovers with the person in charge to keep them informed of any new developments, including incidents/accidents. Risk management in the centre ensured that residents were safe in their home.

Regulation 20: Information for residents

A resident's guide had been prepared by the registered provider, as is required by the regulations. This guide was in an accessible format, and it contained information to residents about the services they would receive in their home. This guide contained information including details about the complaints process, the terms relating to residency and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place which included the information required by the regulations. The inspector reviewed a number of incident/accident reports in the centre. It was noted that there had been an overall reduction in the number of incidents occurring in the centre. These were closely monitored by the person in charge to ensure learning from incidents occurring in the centre.

There was a risk register in the centre. This outlined the risks in the centre, and the control measures in place to reduce the risk to staff, residents and visitors.

Judgment: Compliant

Regulation 27: Protection against infection

Staff were aware of the measures in place to protect residents from healthcare-associated infections, including COVID-19. Staff members were observed wearing appropriate levels of personal protective equipment (PPE) as they supported residents in their home. Each resident had an individual isolation plan in the event that they need to self-isolate due to suspected or confirmed COVID-19 infection. A contingency plan had also been devised. This provided guidance to staff members on the management of an outbreak of COVID-19 including waste management and seeking additional staffing.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Two residents living in this centre were not compatible. Arrangements had been put in place to ensure both residents had minimal interactions in the home. This included the use of separate living areas in their home, no shared activities and alternative weekends spent with family. This was an interim measure only, until one resident could transition to a new home. The registered provider had sourced a new home this resident to live in, however they had yet to transition the resident due to a lack of financial resources to provide appropriate staffing.

This was an action from the previous HIQA inspection of this designated centre. The chief inspector had accepted that the registered provider would not be have

completed all actions to come into compliance with this regulation until December 2022, in line with the registered provider's compliance plan response.

Judgment: Not compliant

Regulation 8: Protection

Safeguarding plans had been developed for residents to ensure that they were protected from suspected/confirmed abuse. Negative interactions between two residents who did not want to live together were monitored and overseen by the multi-disciplinary team and designated officer to ensure any concerns or allegations of suspected abuse were reported and dealt with in line with statutory requirements on the safeguarding of vulnerable adults. It was noted that due to interim safeguarding measures that these negative interactions had reduced significantly in the months before this inspection. Plans to transition one of these residents to a new home would resolve the issue of negative interactions between residents. This is actioned under regulation 5.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Parkside Residential Services Kilmeaden OSV-0005106

Inspection ID: MON-0027611

Date of inspection: 26/05/2022

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • An additional Person in Charge post has been created within this service area. One Designated Centre currently under the remit of the PIC of this Designated Centre will subsequently be transferred to the newly appointed PIC. • Following this, the Statement of Purpose will be reviewed to reflect the reduction in the number of Designated Centre's under the remit of the PIC and the subsequent increase in the number of hours/WTE the PIC is allocated to this centre. • In the interim, until the reduction in Designated centres takes effect the Statement of Purpose has been updated to reflect the measures in place to ensure effective governance and oversight of the centre. 	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • The organisation will continue to advocate for additional funding to support one resident's transition from this designated centre. • The Services Manager and Person in Charge in consultation with the Multi-Disciplinary Team will consider other possible resolutions in the event of funding not being provided. 	

- The two residents who are incompatible will continue to be supported to live together with the support of the Multi-Disciplinary Team. Individual support meetings with a member of the psychology team and individualised behaviour support plans and personalised activities are in place and subject to regular review while working towards a permanent solution.
- Following review by the Multi-Disciplinary Team, the two resident's activity schedules have been individualised to minimise the amount time spent together. For example:
 - o They attend different day services
 - o They do not travel together in the transport
 - o They stay in the Designated Centre on alternate weekends
 - o Safeguarding plans are in place with regular reviews of same
 - o Living together guidelines are in place and both residents are consulted in the review of these.

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 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 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2022