



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

Issued by the Chief Inspector

Name of designated centre:	Parkside Residential Services Ard Glas
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	21 March 2023
Centre ID:	OSV-0008093
Fieldwork ID:	MON-0039239

About the designated centre

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

Parkside Residential Services Ard Glas operates full time residential service and is open 365 days of the year on a 24 hour basis at weekends and during service holiday periods. Ard Glas is home to three male residents. The designated centre provides supports to persons with a mild to moderate intellectual disability and other needs such as communication or supporting behaviours that challenge. The centre is a detached bungalow in an urban area. Each resident has a private bedroom, and there is a garden and outdoor recreational area. Residents are supported by a team of social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 March 2023	09:30hrs to 13:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the designated centre's level of compliance with Regulation 27 and the Health Information and Quality Authority's (HIQA) *National Standards for infection prevention and control in community services*. This was the centre's first inspection which focused only on Regulation 27. This inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector and staff in line with national guidance for residential care facilities. This included the use of personal protective equipment (PPE) and regular hand hygiene.

The inspector met with two of the three residents living in the designated centre. One resident had recently moved to the centre, and chose to stay there two nights each week. This resident was staying in their family home on the day of this inspection.

On arrival, one resident was having their breakfast, while another resident was enjoying a cup of coffee in their favourite mug. One of the residents showed the inspector photographs that were on display throughout their home. They spoke about a recent birthday celebration where they had a party in a local hotel. A limousine and champagne had been provided to escort both residents to the party. It was evident that the resident had really enjoyed this special event.

Residents spoke about plans they were making to go on holidays and hotel breaks later in the year. One resident planned to visit a family member, and they decided they would like to use the opportunity to stay in a hotel while there. Residents spoke about applying for their passports, as they hoped to travel to London and Lourdes in the coming months. Staff in the centre were actively supporting residents to plan their holidays, in line with their choices and wishes.

One resident enjoyed going to their local shops to get the newspaper. This resident used the newspaper to tell the inspector that they had recently lost a family member by showing the inspector a family notice which had been published in their newspaper. Staff members working in the centre had ensured that the resident was very much involved and present with their family at the time of their loved ones funeral. This was very important to the resident.

Both residents had chosen to retire. Therefore, staff members supported residents to engage in community programs and see friends. For example, on the day of the inspection one resident attended a chair yoga session, while the other resident went to visit friends in a nearby day service. Residents were very much a part of their local community, and staff members discussed how both residents were well known, and often met with and chatted with neighbours and friends as they accessed their local community.

Residents communicated their happiness with their home in Parkside Residential

Services Ard Glas. The atmosphere in the residents' home was calm and relaxed, with residents smiling and laughing as they engaged with staff members, the inspector and each other. The inspector met with the staff member on duty and management in the centre. It was evident that staff members were very focused on providing person-centred supports to residents, with a clear focus on promoting and respecting the choices and wishes of residents. Residents were very happy with the staff team that supported them in their home.

Overall, residents were happy and comfortable living in the centre. Some minor improvements were required to ensure that infection prevention and control measures were consistent with the National Standards. The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and Capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

Capacity and capability

The purpose of this inspection was to monitor the designated centre's level of compliance with Regulation 27 and HIQA's *National Standards for infection prevention and control in community settings*. The inspector found that the provider was providing a good standard of individualised care and support to residents.

There were clear lines of authority and accountability in the centre. A new person in charge had been appointed in the centre in November 2022. It was observed that residents knew the person in charge, and they were very comfortable in their presence. All staff members working in the centre reported directly to the person in charge. There were no staffing vacancies in the centre, and many of the staff members working in the residents' home had worked with residents in the organisation for over ten years. Consistent staff and management supports meant that residents were comfortable in the presence of those supporting them, and they knew them well.

All staff members had completed training in hand hygiene, infection prevention and control and the use of PPE in response to the COVID-19 pandemic. However, it was noted that all staff working in the centre required refresher training in these areas.

Team meetings were held in the centre every six weeks. There was a schedule outlining the planned team meetings for the year. The person in charge attended the team meetings when they occurred. Management meetings were also held every two months. These were attended by the person in charge and their line manager. At both meetings, infection prevention and control was a regular agenda topic.

The designated centre had a contingency plan which outlined the supports, oversight and management systems in place in the organisation. However, processes outlined in this plan did not include specific measures to be enacted in the

event of an outbreak in the centre. This included guidance on areas such as the zoning of residents, waste management and don/doffing PPE in the centre. Therefore this plan required review.

Regulatory required audits and reviews including the annual review and unannounced six monthly visit reports were made available in the centre. These reviews were comprehensive and included learning and actions relating to infection control in the centre. In addition, staff members on duty completed weekly COVID-19 audits. This included reviewing the level of PPE worn by staff on duty, staff awareness of standard and droplet precautions, hand hygiene and social distancing.

Quality and safety

Residents were provided with a high quality service which promoted their rights and wishes. With regards to infection prevention and control, some minor improvements were required to ensure the service provided increased compliance with the *National Standards for infection prevention and control in community services* (HIQA 2018).

The residents' home was decorated to a very high standard, which reflected their individual personalities, likes and interests. It was a bungalow located on the outskirts of Waterford City, in close proximity to a number of shops, restaurants and public transport. The centre had a sitting room, kitchen/dining room, utility room, a staff sleepover room, three residents' bedrooms (one of which had an en-suite bathroom) and a shared bathroom. The residents' home was very modern, with sports memorabilia, artwork and photographs on display. There was a garden to the front and back of the residents' home, where plants, trees and shrubs had been planted. One resident enjoyed gardening and it was evident they had put a lot of work into making the garden a nice area to relax in their home.

The residents' home was clean, tidy and organised. Cleaning checklists were in place, which staff members completed multiple times each day. It was noted that colour-coded cleaning systems for mops and cloths were not in place, however additional supplies had been purchased to introduce this practice after the inspection had taken place. A more suitable storage system for mops was also required. Effective waste management arrangements were provided.

Residents' meetings were held on a weekly basis. Topics discussed included education on infection control measures, including hand hygiene. Residents had been provided with opportunities to complete training in infection control matters, however they had declined this. Easy-to-read information was also available however, residents' preference was to discuss these topics with staff at their weekly meetings.

Residents had access to their G.P (general practitioner) and a variety of allied health professionals. Residents had been provided with opportunities to receive seasonal vaccinations including flu and COVID-19 to promote best possible health. Accessible

information had been used to gain residents' consent to engage in these vaccination programs.

Regulation 27: Protection against infection

Overall the inspector found that good practices were observed and enacted in the designated centre. However, minor improvements were required to promote increased levels of compliance with regulation 27 and HIQA's *National Standards for infection prevention and control in community services*. This was observed in the following areas;

- The contingency plan did not include specific measures to be enacted in the event of an outbreak of COVID-19 in the centre. Therefore, guidance on the zoning of residents, waste management and don/doffing PPE in the centre were not provided to staff members.
- The five staff members working in the centre required refresher training in the use of PPE, hand hygiene and infection prevention and control.
- Colour coded-cleaning systems were not yet established. This posed a risk of cross-contamination in the centre. Suitable storage arrangements for mops was required.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Parkside Residential Services Ard Glas OSV-0008093

Inspection ID: MON-0039239

Date of inspection: 21/03/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"> • The Covid contingency plan will be reviewed and amended to reflect zoning of the house in the event of an outbreak. It will clearly identify the donning and doffing areas and a plan for waste management. • All staff will complete refresher training on PPE, hand hygiene and infection prevention and control. • Colour coded-cleaning systems and a suitable storage arrangement for mops will be identified and implemented in the designated centre. 	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	24/04/2023