



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

Issued by the Chief Inspector

Name of designated centre:	Parkview
Name of provider:	St Michael's House
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	20 June 2024
Centre ID:	OSV-0002406
Fieldwork ID:	MON-0035670

About the designated centre

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

Parkview House is a designated centre operated by St. Michael's House, an organisation providing services to people with an intellectual disability. Parkview House aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives. The centre provides residential services for four individuals with intellectual and physical disabilities. The centre consists of a five bedroom bungalow with a separate building on site used as a multipurpose activities room for residents and comprises a separate visitors area. There is a kitchen and dining area which is fully accessible to all residents. There is also a separate sitting room and sun room for individual activities. Parkview House is managed by a Social Care Leader and the staff team comprise of one nurse and social care workers. The centre is supported by a multi-disciplinary team. Access to a psychologist, psychiatrist, social worker, medical officers, occupational therapists, physiotherapist, speech and language therapist, dieticians and specialist nurse supports are available on a referral basis. Parkview House has a mini-bus which is used to transport residents to and from outings and activities of their choice.

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 20 June 2024	10:00hrs to 16:30hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This was an announced inspection scheduled to inform decision-making in respect of an application to renew the centre's certificate of registration. The inspector had the opportunity to meet all of the residents who lived in the centre over the course of the day. The inspector used conversations with residents, observations of care and support provided by staff and a review of the documentation to inform judgments on the quality and safety of care in the centre.

Overall, the inspector found that this centre was providing a very high quality, person-centred service which was meeting the requirements of the regulations in all areas assessed and was meeting the national standards in many areas. Residents and family members told the inspector, through resident questionnaires, that residents were very happy in their home and were in receipt of care and support which was provided by a kind and caring staff team.

The designated centre is located in a town in Meath and was home to four residents at the time of inspection. All of the residents had lived in the centre for many years. Two of the residents attended day services and were at day service when the inspector arrived. The other two residents were in receipt of individualised day services from their home. One of these residents had previously attended day service however it had closed in recent years. The inspector was told that this resident missed their day service and had recently been supported to access advocacy services in order to pursue their goal of returning to a day service.

One resident, who was in receipt of an individualised day service, had chosen to go swimming and horse riding on the day of inspection. The inspector met this resident when they returned to the centre after their activities. They greeted the inspector non-verbally and were seen to be very comfortable and relaxed in their home. The resident was seen enjoying a healthy snack and a drink in the kitchen and interacting with the staff team. Later in the day, this resident went for a drive with staff on the bus. The inspector was told that transition periods, when the house was busy, could be difficult for the resident and so the staff team ensured that there were individualised, preferred activities available for the resident in order to minimise any distress and potential impact of this distress on other residents.

The other resident, who was also in receipt of an individualised service, had gone on a shopping trip and had been bowling and out for lunch with staff on the morning of the inspection. The inspector had the opportunity to meet them on their return to the centre. They showed the inspector their purchases while they enjoyed a drink at the kitchen table. The resident did not wish to show the inspector around their home or engage in much conversation and their wish was respected. The resident was seen to request back rubs from staff and these were provided in a caring and gentle manner.

In the late afternoon, the two residents who had been at day service, returned to

their home. One of these residents showed the inspector photograph albums from the last few years. The inspector saw, from the photos, that the resident enjoyed an active social life and had maintained good relationships with their family and friends in the community. The other resident greeted the inspector and then chose to go to their room.

The inspector completed a walk-around of the premises with the person in charge. The designated centre was seen to be very homely, clean and well-maintained. It was designed and laid out to meet the needs of the residents, for example corridors were wide to allow for space for mobility aids and residents had access to required equipment such as profile beds to meet their assessed needs. There was a large and accessible wet room in the centre with a hydrobath. Most of the residents were accommodated downstairs due to their assessed needs although one resident had their bedroom upstairs and had their own en-suite. All of the residents' bedrooms were seen to be decorated in a carefully considered manner which clearly reflected residents' individual tastes, hobbies and interests.

Residents had access to two sitting rooms, a large kitchen and dining room and an accessible back garden. The communal rooms were comfortable and displayed residents' photographs. There was also ready availability of residents' preferred sensory materials in the sitting rooms. Works had been completed to the garden to enhance the accessibility for those residents who used mobility aids. The back garden was colourful and well-maintained. It was equipped with musical equipment and comfortable garden furniture. Residents also had access to an external activities room which contained exercise equipment and facilities for relaxation such as beanbags and a television.

Staff and resident interactions were seen to be familiar and relaxed. Staff were quick to respond to residents' communication and were seen to provide support in a manner which was respectful and promoted residents' autonomy. Some staff had completed online training in a human rights based approach to care and the inspector was informed that all staff were booked to complete in-person training in human rights in the coming months.

Staff described to the inspector how they ensured that residents' had choice and control in their everyday lives including for example, by ensuring that there were appropriate communication tools available to support residents to understand information and to make informed decisions. Staff also told the inspector that residents were informed of advocacy services and described how one resident had been supported to access an independent advocate in order to ensure that their voice was heard in relation to accessing day services.

Overall, the inspector found that residents in this centre were in receipt of person-centred and rights-informed care and support which was being delivered by a suitably trained and caring staff team. Residents were enabled to have choice and control in respect of important decisions in their lives and were living busy and active lives in line with their own needs and preferences.

The next two sections of the report will describe the oversight arrangements and

how effective these were in ensuring that a safe and good quality service was being delivered.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective these arrangements were in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were effective leadership arrangements in place which were ensuring that residents were in receipt of a very good quality and safe service in their home.

The provider had ensured that there was a clearly defined management structure which identified lines of authority and accountability. The staff team reported to an experienced person in charge who in turn reported to a service manager. There were systems in place such as staff supervisions and staff meetings to performance manage all staff and ensure that they were informed of their roles and responsibilities. The person in charge was also in receipt of support and there were systems such as monthly data reports used to ensure that any risks relating to the quality and safety of care were escalated to the provider level.

The provider had in place a series of audits which were effective in driving service improvement. Actions arising from audits were used to inform a quality enhancement plan which detailed actions to be taken to ensure the safety of care. In addition to identifying current risks, the inspector saw that audits were being used to future-proof the centre and to identify areas in which actions may be required to ensure that the designated centre remained suitable for residents due to their changing needs.

The inspector saw that there were sufficient staff on duty to meet the needs of the residents and to provide care and support in an individualised manner. Staff spoken with were informed of their roles and responsibilities and were familiar with the assessed needs and preferences of the residents.

Documentation such as the statement of purpose and the complaints procedure were readily available in the centre. Additionally, documentation as required by the regulations, such as the directory of residents, and a log of adverse incidents were also maintained. This documentation was reviewed by the inspector and was found to be in line with the regulations.

Overall, the inspector found that there were clearly defined management arrangements which were effective in driving service improvement and ensuring that residents were in receipt of a good quality service.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge to have oversight of the designated centre. They had been in their role for several years and had a clear understanding of, and vision for, the service. The person in charge had a strong focus on person-centred care and promoted a rights-based approach to care where residents' rights to autonomy, dignity and respect were upheld. This was evident through a review of residents' care plans and risk assessments and is discussed further under regulations 5 and 26.

The person in charge was suitably qualified and experienced in line with the requirements of the regulations. They were employed in a full-time and supernumerary position. The person in charge had implemented systems to ensure the quality and safety of care of the service for residents. This was evidenced through the local audits, monthly data reports and staff meetings and supervisions. The person in charge had authority to affect change and had systems to escalate issues to the provider level.

Judgment: Compliant

Regulation 15: Staffing

Planned and actual rosters for the designated centre were maintained. The inspector reviewed the rosters for May and June 2024, and in particular looked at the staffing allocations for three dates during these months. The inspector saw that, on each of these three dates, staffing levels were in line with the statement of purpose and that there were sufficient staff rostered on to meet the needs of and number of residents.

There were no vacancies in the staffing allocation at the time of inspection. Gaps in the roster due to scheduled leave were filled by a small panel of regular relief staff. This was effective in ensuring continuity of care for residents.

The inspector saw that there were sufficient staff on duty to provide care and support to the residents in an individualised and person-centred manner. Two of the residents were in receipt of individual supports during the week. For example, one resident had chosen to go swimming and horse riding on the day of inspection, while the other resident had chosen to go shopping and for lunch out. There were sufficient staff to facilitate those residents in taking part in their preferred activities.

Residents were seen to be familiar with staff. Staff were responsive to residents' communications and assisted them in a kind and respectful manner.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector reviewed the records of two of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with the regulations and included, for example, each resident's name, date of birth and the details of their admission to the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the centre which were effective in ensuring that residents were in receipt of a safe and high-quality service in line with national standards. The centre was staffed by a team of social care workers who were found to be informed of their roles and responsibilities. The staff team were in receipt of regular support and supervision to support them in exercising their personal and professional responsibilities for the services that they were delivering. The records of the last two supervision sessions for two staff were reviewed by the inspector. It was seen that these were used to explore staff members' support needs, training requirements and to encourage reflective practice.

The staff team reported to a person in charge who was, in turn, supported in their role by a service manager. Regular bimonthly meetings were held between the person in charge and service manager to ensure that risks relating to the quality of care could be escalated to the provider level. The inspector reviewed the records of three of the most recent of these meetings and saw that they discussed areas including the support needs for the person in charge, risk management and staffing issues. Monthly data reports were also completed by the person in charge which reviewed areas such as safeguarding, adverse incidents and residents' needs.

There was a clear commitment from the provider and the person in charge to ensure continual quality improvements in the centre. A series of audits, at both local level and provider level, including an annual review of the quality and safety of care and six monthly unannounced visits, were completed in consultation with residents, family members and staff. Actions arising from these audits were used to inform a quality enhancement plan for the centre. The inspector saw that many of the actions on this plan were in progress or were completed which demonstrated that the audits were effective in driving service improvement.

In addition to ensuring that the current needs of the residents were met in a safe and person-centred manner, the provider's audits also considered the future needs of the residents. The inspector saw that actions were identified in order to future-proof aspects of the service and to ensure that residents could continue to be supported in their home in line with their changing health needs. For example, the

provider had identified that one resident may require bed evacuations in the future and so, the six monthly audit completed in June 2024 had set out an action to apply for funding for patio doors to be installed in this resident's bedroom.

Overall, the inspector found that the provider, management team and person in charge were striving to ensure that residents in this centre were in receipt of a very high quality and safe, person-centred service.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the designated centre. This was reviewed by the inspector and was found to contain all of the information as required by the regulations. For example, the statement of service detailed the specific care and support needs of the residents and the facilities provided in order to meet those needs. The statement of purpose had been recently reviewed and updated.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge maintained a log of adverse incidents in respect of each resident in the designated centre. The inspector reviewed these records in respect of two of the residents. It was found that adverse incidents required to be notified to the chief inspector had been submitted in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had effected a complaints policy which had been reviewed and updated in the past three years, as required by the regulations. An easy read version of the complaints procedure was located inside the front door of the centre. An accessible version of the complaints policy was also available to the residents.

There were no open complaints in the centre in respect of the services provided by the designated centre. However, one resident had been supported to access an independent advocate and to make a complaint regarding the lack of a day service. This resident had previously attended day services by an external provider however

their day service had closed in recent years. This complaint was in progress at the time of inspection. In the interim, the provider had ensured that there were staff available to support this resident to have an individualised day service from their home.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived there. The inspector found that residents in this house were in receipt of a very good quality and safe service which was promoting and respecting their human rights. Residents were provided with support to access their community and to develop and maintain meaningful relationships with their friends and family. Residents were also provided with education regarding their healthcare needs and were supported to make informed decisions in respect of their healthcare interventions. Where required, residents were also in receipt of independent advocacy services in order to ensure that their voice was heard in respect of important aspects of their lives.

This designated centre was seen to be homely, clean and comfortable. There was careful consideration of residents' private bedrooms and these were seen to be decorated in a individual manner and clearly reflected residents' interests. The centre was designed and laid out in a manner suitable to meet residents' assessed needs and there was plenty of communal space for residents to enjoy including a large, accessible wet room, landscaped back garden and several sitting rooms.

Residents were seen to live busy and active lives on the day of inspection. Some residents accessed day services while others were supported to engage in preferred activities from their home. Staff showed the inspector residents' timetables of activities and explained how residents were supported to make plans for the week. The inspector was told that there were sufficient staff and resources available to ensure that if residents changed their minds about activities that this change could be facilitated. One resident showed the inspector photograph albums from the past few years. The inspector saw that this resident was well-connected with their family and friends and enjoyed a wide variety of social and recreational activities.

The person in charge and staff team were well informed of residents' rights and ensured that care and support was provided in a manner which upheld residents' rights to autonomy, dignity, freedom and respect. The principles of human rights were reflected in residents' individual assessments, care plans and risk assessments. The inspector saw that these documents were written in a person-centred manner and reflected residents' individual preferences and detailed residents' communication needs and the supports required to ensure that they could make informed decisions.

While there was generally a low number of safeguarding incidents in the centre, the

inspector saw that these incidents were reported to the statutory agencies in line with the regulations. Safeguarding plans were implemented and staff were informed of these and of their safeguarding responsibilities. Residents told the inspector through their questionnaires that they felt safe and happy in their home.

Regulation 13: General welfare and development

Residents in this centre had access to facilities for occupation and relaxation in both the designated centre and in their communities. Two residents accessed day services while another two residents were in receipt of individualised support from the designated centre. The centre was equipped with two wheelchair accessible buses to facilitate access to the community for residents. The inspector saw residents coming and going from the centre on the day of inspection. Residents were seen to enjoy relaxing in the facilities of the designated centre, for example, walking in the garden, watching TV or chatting with staff at the kitchen table over a cup of tea.

One resident showed the inspector some photograph albums from the last few years. These albums showed the resident engaging in a wide variety of social and leisure activities with family, friends and staff. Visual schedules were on display in the centre for each resident detailing their choice of activities for the day. The inspector was told that these decisions were made at the residents' meeting each week however there was flexibility and choice on a day-to-day basis and residents could change their plans on the day.

Residents were supported to maintain contact with their families. The inspector was told that many residents visited their families on a weekly basis and were supported to go on holidays and to celebrate special occasions with their families.

The designated centre had a culture of positive risk-taking. Residents were enabled and supported to understand personally relevant risks and to make informed decisions regarding these risks. This will be discussed further under regulation 26. Residents' independence was promoted and residents were encouraged to take responsibility for key decisions in their lives including managing their finances and making health-related decisions.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre was homely, clean and well-maintained. Residents' bedrooms were clearly personalised and reflected their individual hobbies and interests. The centre was designed and laid out in a manner which met the assessed needs of the residents. For example, corridors were wide and allowed for

wheelchair access. There was a very large, accessible wet room on the ground floor with a hydrobath and accessible shower. One resident had their own en-suite which was also clean and well-maintained.

Works had been completed to the back garden to make it more accessible for residents. The back garden was inviting with lots of bright flowers, music equipment and garden furniture available for residents to enjoy. Residents also had access to an external activities room which contained exercise equipment, a television and other facilities for relaxation.

There was sufficient storage for residents to store their personal belongings. The centre also had a well-maintained kitchen, two sitting rooms with comfortable furniture and a utility room for laundering clothes.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the centre and was reviewed by the inspector. The residents' guide contained all of the information as required by the regulations, including the procedure for making a complaint and how to access copies of inspection reports of the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effected a risk management policy which had been reviewed and updated within the past three years. A comprehensive risk register was maintained for the centre. The inspector saw that the risk register accurately reflected the risks in the centre.

Individual risk assessments were seen to be sufficiently detailed and provided clear guidance to staff on controlling for risks. Control measures were proportionate and clearly reflect the rights of residents to autonomy in respect of managing their lives. For example, one resident had been diagnosed with sleep apnoea and was non-compliant with using a device to support their breathing by night. Education and support had been given to the resident in respect of this health care recommendation and the device was offered to the resident every night however the resident had choice and control in deciding whether to wear it or not.

There were clear and consistent procedures to be followed where the resident refused the device. For example, the resident's decision was recorded and the person in charge had implemented additional control measures to minimise the risk

to the resident. These were reviewed and were seen to be person-centred and to uphold the resident's right to privacy and autonomy as much as possible while also controlling for the risk associated with non-compliance.

Other risk assessments took account of residents' abilities and preferences and detailed how their autonomy was upheld in managing specific risks. For example, risk assessments detailed where residents could close lap belts independently or self-propel mobility aids.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents' individual assessments and associated care plans. The inspector saw that each resident had a comprehensive assessment which clearly detailed their individual needs. The assessments had been recently reviewed and this review was informed by the resident and the multi-disciplinary team.

The assessment was used to inform person-centred care plans. These care plans clearly detailed how staff should uphold residents' rights to autonomy and privacy while meeting residents' care needs. For example, care plans reviewed included information on residents' communication strengths and needs and provided guidance for staff on how they should ensure that residents were informed of and consenting to care and support.

Judgment: Compliant

Regulation 8: Protection

The inspector spoke to two staff regarding safeguarding. Staff spoken with were informed of their safeguarding roles and responsibilities. Staff stated that they had received training in safeguarding and described to the inspector how they would manage suspected incidents of abuse. Staff were informed of the safeguarding pathway and of how to escalate concerns to the designated officer.

There were generally a low number of peer to peer incidents of abuse in this centre. The inspector reviewed the safeguarding plans implemented in respect of two peer to peer incidents which had occurred in the six months prior to the inspection. The inspector saw that these were notified to the HSE safeguarding team and that safeguarding plans were implemented to protect residents. The HSE safeguarding team had agreed with the safeguarding plans and had closed the incidents. Staff spoken with were informed of these safeguarding plans and described to the inspector how they ensured residents were safe from abuse.

The inspector reviewed the intimate care plans which had been put in place for two residents. These care plans had been recently updated and provided clear advice for staff on how to ensure residents' autonomy and privacy were upheld.

Judgment: Compliant

Regulation 9: Residents' rights

Care in this centre was provided in a manner which was person-centred and which took into account each residents' capacity to consent and to direct their care and support. Staff told the inspector of how they ensured that residents had choice and control in their daily lives. Some residents could communicate their wishes verbally while other residents required support with their communication. Staff described using communication aids to support residents to understand information and to make informed decisions.

One resident had been supported to access advocacy services as they were unhappy that they no longer had access to a day service. The independent advocate was supporting the resident with this matter at the time of inspection.

Weekly residents' meetings were held where residents were supported to discuss rights including the right to privacy. Staff used visual supports to facilitate these meetings with residents and to support engagement.

There was a proactive culture of developing residents' autonomy in this centre. Staff had supported residents to engage in education programmes regarding their healthcare needs and their finances in order to be able to better manage and to make decisions in these areas. The service was managed in a way that maximised residents' capacity to have choice in their daily lives including in their choice of daily activities. Residents had access to sufficient staff resources to support them to engage in their preferred individualised activities in the community.

Residents were seen to be treated with respect by staff. Friendly and respectful interactions between staff and residents were observed. Staff were familiar with residents' preferences and their typical routine and offered, for example, to assist residents with putting receipts away and with making a cup of tea. On another occasion, a resident communicated non-verbally that they would like their back rubbed. Staff responded quickly and kindly to the resident.

Residents told the inspector through their questionnaires that they felt that their rights were upheld and that they could make their own choices in their daily lives.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant