



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

## Issued by the Chief Inspector

Name of designated centre:	The Park Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	06 March 2023
Centre ID:	OSV-0004038
Fieldwork ID:	MON-0030309

## About the designated centre

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

The Park Group is a community based residential service located in west Dublin. It is comprised of three houses, all located in close proximity to each other. The centre provides residential care and support for up to 13 adults with an intellectual disability. The aim of The Park Group is to provide a community based and person centred setting wherein residents are cared for, supported and valued in an environment that actively supports and promotes their health, development and well-being. Houses are staffed by social care workers and health care assistants. The person in charge works on a full-time basis and divides their time between the three houses.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	12
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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
Monday 6 March 2023	09:30hrs to 16:30hrs	Sarah Cronin	Lead
Monday 6 March 2023	09:30hrs to 16:30hrs	Karen Leen	Support

## What residents told us and what inspectors observed

This announced inspection took place to inform a decision about the renewal of the registration for the designated centre. The inspectors of social services found that residents were enjoying a good quality of life in the centre. Residents were living in clean and comfortable homes and were well supported by a consistent staff team. The inspection found high levels of compliance with the regulations, with some improvements required in governance and management, infection prevention and control and fire precautions.

The designated centre is comprised of three houses in the suburbs of west Dublin. There are 13 beds registered across the three houses, with one vacancy on the day of the inspection. The first house is a four-bedroomed house which is home to 3 residents. The house comprises a sitting room, toilet, kitchen and dining room. Upstairs there are 3 resident bedrooms and the fourth room is a staff sleepover room. There is a shared bathroom upstairs. The living room area had been renovated since the last inspection and the house had been painted. This house has an annex attached which is home to one resident. The annex has its own entry and exit and the resident accesses support of staff working in the house as they need it. The annex had been renovated and upgraded since the last inspection to better suit the needs of the resident. The resident showed inspectors their annex and new bathroom and reported that following a long wait, they were 'delighted' with their home.

The second house is large five-bedroomed house which is home to four residents. Downstairs is comprised of one bedroom, an accessible bathroom, a large kitchen and dining area and a sitting room. Upstairs there were four bedrooms and the fifth bedroom was used as a staff sleepover room. There were two shared bathrooms. Residents in this house told the inspector that they liked living there, and that the staff were "nice". One of the residents spoke with the inspector and told them about how they previously lived in a campus-based setting and had little choice. They spoke about living in the community and how they now make decisions about their own life. They spoke about choosing activities, choosing food and enjoying going out. Another resident told the inspector that they wished for the garden to be levelled to enable access for residents' with mobility support needs. The resident had been supported to complain about this, to ensure it was recorded and actioned. This was in progress on the day of the inspection.

The third house is a four-bedroomed house which has an annex attached. Three residents lived in the main house, while one lived in the adjoining annex. Downstairs comprises of a kitchen, a dining room, a toilet and a sitting room. Upstairs were three resident bedrooms and a staff sleepover room. The annex had been renovated to better suit the needs of the resident living there and it included facilities for them to make tea and coffee. Residents in this house told inspectors about how they would make a complaint if they were unhappy with their care and support. One resident told the inspectors about a complaint they had made in the past and that

they had been well supported by staff. Another said they enjoyed their home and that the staff "know what I want" and would help them achieve their goals.

Most of the residents in the centre had access to a day service, while others were retired. Each house had transport which meant that residents could be supported to access facilities of their choosing. On the day of the inspection, residents were busy coming and going from their day services and going shopping. Other residents showed inspectors their jigsaws they were working on and knitting projects. Residents accessed a range of community amenities and services such as going to the hairdresser, attending the nail salon and beautician and going to mass. Many residents accessed these services independently or with the support of friends and neighbours in the local area. One resident was accessing literacy classes locally and doing work experience in a local pet shop.

Inspectors reviewed 12 resident questionnaires which had been sent out to residents prior to the inspection taking place. The questionnaires ask for feedback on residents' experiences in the centre, their home, day-to-day routines, staff, people they live with and having a say in decisions about their lives. The majority of residents reported to be satisfied where they lived and were happy with the staff support they got and their home. Two residents reported that they would like more choice to be able to go out when they wished. One resident reported looking forward to their kitchen being renovated, while another wrote that they "loved" their new flat.

It was evident that residents' rights were central to the care being provided in the centre. This was illustrated in a number of ways throughout the day. For example, one staff member told the inspector that they had completed additional training on human rights. They spoke about how they now used language around rights with residents each day. They spoke about situations where conflict was an issue and how they supported residents by respecting each others' rights. Another resident had been consulted with in relation to a restrictive practice which was in place and a human rights assessment had been carried out to fully consider the impact of the restriction on their daily life. A charter of rights was on the wall and in some of the houses, an assessment of rights was completed which covered the residents' access to their personal belongings, diet choices, budget and money, choice making and social opportunities. Scheduled house meetings took place once a month and there was a set agenda in place. The centre had a resident who was an advocacy representative. They met with other advocates within the local area and the advocacy group met with the service manager every three months. This provided a forum for residents to engage directly with the management team.

Residents were encouraged and facilitated to make complaints. For example, for a resident who complained about their privacy not being upheld by all residents in their home, the person in charge ensured that complaint was logged and the outcome was that residents got keys to lock their rooms if they wished to do so.

Residents were well supported to maintain and develop relationships with peers, neighbours and family members. This was evident throughout the inspection. For example, a resident in one house was regularly supported to have a friend over for

dinner or to meet them for dinner in a restaurant. Another resident had friends in the community whom she went out with. Residents were also supported to use their tablets or phones to video call family as they wished.

In summary, from what residents told us, from meeting staff, reviewing documentation and from inspectors observations, it was evident that residents were living in a centre which was enabling them to have a good quality of life. The next two sections of the report present the inspection findings in relation to governance and management in the centre and how these arrangements affected the quality and safety of the service being delivered.

## Capacity and capability

The provider was found to have suitable governance and management arrangements in place to oversee the quality and safety of care of the residents in the centre. Management systems had improved since the last inspection, with a central action log in place which was regularly reviewed by the person in charge and the person participating in management. Six-monthly unannounced visits had been carried out in line with regulatory requirements. However, the annual review required improvement to ensure that adequate oversight of key service areas such as risk management was maintained and used to inform the report.

Planned and actual rosters indicated that the centre was resourced with an appropriate number of staff who had the required skills to meet residents' assessed needs. Rosters identified shift leaders and those with additional responsibilities for infection prevention and control. Residents enjoyed continuity of care through the use of regular relief staff or part-time staff to fill any shifts required.

Staff training was found to be completed in mandatory areas such as fire safety and safeguarding in addition to infection prevention and control and human rights. There were suitable arrangements in place for staff supervision and performance management.

The provider notified the Chief Inspector of Social Services of notifiable events within the required time frames.

## Registration Regulation 5: Application for registration or renewal of registration

The provider submitted information required under Schedule 2 and Schedule 3 of the Registration of Designated Centres for Persons with Disabilities Regulations 2013.

Judgment: Compliant

### Regulation 15: Staffing

The provider had resourced the centre with an appropriate number of staff with the required skill mix to meet residents' assessed needs. The inspector viewed the rosters for the month prior to the inspection taking place. Rosters were well maintained and indicated that in all three houses, there was a very small number of shifts required to cover a vacancy. These shifts were either covered by regular staff in the house, or by regular relief staff. This meant that residents enjoyed continuity of care.

Judgment: Compliant

### Regulation 16: Training and staff development

Inspectors viewed the staff training matrix and noted good oversight of staff training requirements. All staff had completed mandatory training in safeguarding, fire safety, manual handling and food safety. Staff had completed additional courses in infection prevention and control (IPC) in areas such as respiratory hygiene and cough etiquette, cleaning and disinfection, donning and doffing of personal and protective equipment (PPE) and hand hygiene. Staff had completed additional training in a human-rights approach to health and social care. Supervision took place twice a year with the person in charge and there was a set agenda in place.

Judgment: Compliant

### Regulation 22: Insurance

The provider effected a contract of insurance, in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

Inspectors found that the provider had a clear management structure in place. There were a number of management systems in place to oversee the quality and safety of care received by residents. Six monthly unannounced visits from the



provider took place in line with regulatory requirements. There was a central action log in place to ensure all identified actions from audits at both provider and centre level were implemented.

The annual review had been carried out by the person in charge, with input from clinical nurse managers within the organisation and reflected the voices of residents and family members. However, it was not evident that the provider had reviewed and trended key service areas such as risk management, incidents and accidents and information from provider and centre level audits to inform the annual review.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had a Statement of Purpose in place which contained information outlined in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had notified the Authority of incidents within specified time frames.

Judgment: Compliant

## Quality and safety

As outlined at the beginning of the report, inspectors found that residents were in receipt of person-centred care which was of good quality and which ensured their safety. It was evident that residents were active participants in their home and their community and that the centre promoted and upheld their human rights.

Each of the houses were suited to residents' assessed needs and had been decorated and renovated in line with residents' preferences. Houses were clean, warm and nicely furnished. Residents had their own bedrooms which were decorated in line with their choices. Bedrooms were found to reflect residents' life history and interests, with art work, family photographs, technology such as tablets and mobile phones, and they were nicely furnished. Residents were supported to maintain control over their personal possessions, including their finances. Money management assessments were in place and support was provided in line with

residents' assessed needs in this area.

Residents were found to have opportunities to engage in a range of activities in line with their interests. Relationships with families and friends were supported by staff through facilitating visits and outings and through using video calling. These enabled residents to lead a good quality of life which was meaningful to them.

Residents were found to be safeguarded from all forms of abuse through implementation of policies and procedures. Safeguarding concerns were identified, documented and investigated in a timely manner. Safeguarding plans were in place where required. Safeguarding was a standing agenda item on staff meetings in addition to being regularly discussed with residents.

Inspectors found suitable risk management systems were in place to ensure that risks were identified, assessed and that control measures were in place to mitigate these risks. Adverse events were documented and reported in line with the providers' policy. Learning was shared with the staff team regularly.

The provider had good arrangements in place to protect residents from healthcare-associated infections. Infection prevention and control (IPC) was discussed at both resident and staff meetings. There was an IPC policy in place. While staff practices were found to be suitable to mitigate the risks related to healthcare-associated infection, there was a need for clearer contingency plans.

The provider had taken adequate precautions against the risk of fire in the centre. Fire drills required improvement to ensure that the provider was suitably assured that safe and timely evacuation of all residents from the centre was achievable with the minimum staffing complement.

The provider had appropriate and suitable practices in place relating to the ordering, receipt, prescribing, storing, disposal and administering of medication. Residents were supported to learn about their medication and assessments were in place to guide staff supporting them.

## Regulation 12: Personal possessions

Residents were supported to maintain control over their belongings, including their finances. Assessments were in place for residents to ascertain the level of support they required with their finances. There were clear systems in place to ensure that residents' personal possessions were safeguarded.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents living in the centre were found to have opportunities to engage in a range of activities in line with their interests. Many of the residents attended day services. Residents accessed local hair dressers, beauty salons and nail salons. Inspectors found a wide variety of goals set by residents in their person-centred plans. These included mindfulness classes, birthday celebrations and holidays. Residents were supported to maintain and develop personal relationships and links in the wider community in accordance with their wishes.

Judgment: Compliant

### Regulation 17: Premises

As previously outlined, the centre comprises 3 houses and 2 annexes. Inspectors visited all parts of the designated centre and found the premises to be clean, warm and nicely decorated. Residents each had their own rooms, with ample space for their personal belongings and rooms were decorated in line with residents' preferences. Upgrading and renovation works had been carried out in a number of parts of the centre. This included the provision of adequate bathing facilities in one part of the centre. Residents in the annexes told inspectors that they were very happy with their renovated homes. Oversight of maintenance had improved, with a maintenance log kept and a record of actions taken.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared information for residents about their home and the service they were receiving in line with regulatory requirements.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy which met regulatory requirements. Arrangements were in place for the identification, assessment and management of risks in the centre. There was a system in place for responding to emergencies and adverse events. Incidents were found to be documented and reported in a timely manner. Incidents and accidents were a standing agenda item on staff meetings to

ensure that learning was shared with the staff team.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had a number of measures in place to protect residents and staff from healthcare-associated infections. The IPC policy had been revised since the last inspection took place and this provided clear guidance for staff working at all levels in the organisation. Cleaning schedules were found to be more detailed and included cleaning equipment. Suitable arrangements had been put in place for laundry and waste management within the centre. One resident was self-isolating on the day of the inspection. Inspectors found the staff member on duty to be knowledgeable on donning and doffing of personal protective equipment (PPE), on cleaning schedules and ensuring that residents were not sharing bathroom spaces. However, there was not a documented contingency plan in place for each house specific to residents' needs and to the layout of the house in order to guide staff practices in the event of a confirmed healthcare-associated infection.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had suitable fire safety management systems in place in each house and annex. Detection and containment systems were in place in addition to fire-fighting equipment and emergency lighting. Equipment was regularly checked and serviced at regular intervals. Fire drills were carried out regularly and reasonable evacuation times were documented. However, it was not evident that drills had been carried out in each house to demonstrate that residents could be safely evacuated from the centre with the minimum staffing complement in high-risk scenarios such as night-time when residents required evacuation from their bedrooms.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had appropriate and suitable practices in place relating to the ordering, receipt, prescribing, storing, disposal and administration of medication. Inspectors found good systems in place to ensure that staff were administering medication as it

was prescribed. Medication errors were swiftly identified and followed up on in line with the provider's policy. Medication management assessments were carried out for residents and appropriate levels of support were in place for residents who required medication in line with their assessed needs. Staff whom inspectors spoke with were found to be very knowledgeable about medication which residents required. They were found to promote residents' understanding of their medication in line with their assessments.

Judgment: Compliant

### Regulation 8: Protection

Inspectors found that the provider had suitable arrangements in place to ensure that all residents were protected from all types of abuse. Residents were supported to develop skills needed for self-care and protection. Where any safeguarding incidents had occurred, inspectors found that they had been documented, reported and investigated in line with national policy. The provider was noted to put additional safeguarding measures in place where they were required. Personal and intimate care plans gave clear guidance to staff to ensure that residents' right to privacy and dignity were upheld during these routines.

Judgment: Compliant

### Regulation 9: Residents' rights

As outlined in the opening section of the report, it was evident that residents' rights were promoted and upheld in the centre. Residents exercised choice in their daily lives, they were consulted with about decisions relating to their care and their home. The provider had a regional advocacy steering committee which provided oversight of advocacy issues arising within the service. Residents were supported to make complaints and were informed about their rights regularly. Staff had completed additional training in a human rights-based approach in health and social care. From observations of staff and interactions with staff and residents, it was evident that language used were in line with a human rights-based approach. Finally, residents' privacy and dignity was respected in the centre in relation to their personal and living spaces and their personal care.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Park Group - Community Residential Service OSV-0004038

Inspection ID: MON-0030309

Date of inspection: 06/03/2023

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual review will be completed by the quality and risk department. The provider is committed to completing an annual review by an independent person and overseen by the quality& Risk department	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The PPIM will ensure each house has their own specific contingency plan as opposed to per centre PIC is referenced in all documentation and not covid specific	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire evacuations have occurred in the 3 houses within this Centre since the recent inspection These will continue day& Night as per regulation	



## 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)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	01/10/2023
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	15/05/2023

Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/04/2023
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