



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

Issued by the Chief Inspector

Name of designated centre:	Parnell Place Residential Service
Name of provider:	The Rehab Group
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	16 February 2023
Centre ID:	OSV-0004117
Fieldwork ID:	MON-0030434

About the designated centre

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

This designated centre is located on a site operated by the provider. This site accommodates a number of residential units, including one other designated centre, as well as a resource centre. The accommodation units provide accommodation to those with social housing needs. Around the buildings are communal areas with lawns, paths, seating areas, and car parking. The site is gated and secure and located adjacent to a number of public transport facilities. All of the amenities offered by the city are a short walk from the centre.

A maximum of three residents are accommodated in the centre. A full-time residential service is provided. Residents are autistic and or have a diagnosed intellectual disability. The premises is a three-storey building. There is a bedroom and bathroom on each floor, with residents sharing a kitchen and dining room, and a lounge on the ground floor. There is a staff office / bedroom on the first floor, and an additional lounge room on the second floor. Staffing levels and arrangements vary and reflect the occupancy and needs of the residents. The house is staffed at all times when residents are present.

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
Thursday 16 February 2023	09:55hrs to 19:35hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

This designated centre is a three-storey premises located on a site operated by the provider in Limerick City. The site also includes a number of other residential units, including one other designated centre, and a resource centre. The centre is centrally located and is a short walking distance from a range of public transport facilities, shops, restaurants, and other amenities. The centre is registered to provide a full-time residential service to three residents. There is a bedroom and bathroom on each floor, with residents sharing a kitchen and dining room, a lounge, and a utility room on the ground floor. There is an additional lounge room on the second floor which is used exclusively by one resident. There is a staff office, which is also used as a staff bedroom, on the first floor.

This was an announced inspection. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector adhered to these throughout the inspection. On arrival the inspector was greeted by the person in charge. At this time there was only one resident in the centre, as the other two had already left to attend their day services. The inspector was introduced to the resident in the centre. It was clear that this resident was having a difficult morning and the inspector's presence was not helpful at that time. It was agreed that the inspector would spend some time speaking with the person in charge, and reviewing documents, in an administrative building on the site. Later that morning, the inspector had the opportunity to spend time in the designated centre where they later met with all three residents, the team leader and some of the staff team.

The centre was observed to be clean and decorated in a homely manner. Comfortable furniture was available in the lounge area, as was a computer, and a television. There were photographs of residents on display. There was a notice board which showed information regarding advocacy, this inspection, complaints, and measures to keep everyone safe from transmissible infections. The kitchen and dining area was well-organised, well-equipped, and well-stocked. Residents' menus for the week were on display, as was a list of foods that a resident enjoyed eating. It was explained to the inspector that work was ongoing with one resident to support them to try new, and a greater variety of, foods. This list was being updated as the resident discovered new foods that they liked. Residents could access an outdoor area from the kitchen. There was seating available and some pots, tyres, and a planter for growing plants, flowers, and vegetables. One resident had previously grown potatoes and there were other gardening plans for this year.

There was a utility room between the lounge and kitchen areas. Although small, this room was well organised. Laundry equipment was stored there and there was information available regarding laundry management. Some cleaning equipment was also stored here. A colour-coded cleaning system was in place where different

coloured equipment was to be used to clean specific areas of the centre so as to prevent cross contamination. Equipment was stored according to this system.

When walking around the centre, management brought the inspector's attention to planned building and maintenance works. These included building a wall to divide the kitchen and dining area from the lounge, replacing the wooden surrounds in the bathrooms, and replacing the floors in the lounge and utility room. It was explained that building the wall would allow residents to spend time in the communal areas on the ground floor without all being in the same open plan area. The inspector also highlighted that the surface of the computer desk in the lounge was also damaged.

There was a resident bedroom and a bathroom on each floor of the centre. Later that evening, one resident invited the inspector to see their bedroom. This had been decorated in line with their personal taste, and also included some decorations they had made themselves. The resident's room reflected their interests and included a musical instrument and electronic devices that they enjoyed using.

As referenced previously, there was a second lounge room that only one resident used. This was on the same floor as their bedroom and had been personalised to reflect the resident's interests. The resident also used this room to store some of their belongings. This room provided a space for them to spend time alone or with staff. A number of the supports referenced in this resident's personal plan were on display and available to them in this room. These included visual representations of their plan for the day, and paper-based supports to be used with staff at times of anxiety or upset. It was evident that the availability of this separate area and the supports and techniques used were of benefit to the resident. The inspector overheard both staff and the resident referencing them during the inspection, and when implemented they appeared to have a positive effect.

The inspector spent some time with all three residents living in the centre. Although initially one resident did not want the inspector in their home, later in the day they were happy to meet with them, and engaged regularly and positively for the remainder of the inspection. This resident spoke about where they had been that day, who they had met, and their plans for the evening. It appeared that they directed how they spent their time, with staff supporting them as needed. This resident appeared to have warm and positive relationships with those supporting them, and was heard regularly laughing and joking with staff. The inspector spent time with the two other residents when they returned from their day services. Again, these residents appeared very at ease in the centre and with the support provided by staff. One resident chose to meet with the inspector in the lounge area. They were positive about their experiences living in the centre and who they lived with. They were very clear on how they wished to spend their time and what they liked to do in the evenings. They discussed a previous issue that they had, and told the inspector that they were happy with how it had been addressed. The third resident invited the inspector to see their bedroom and spoke a little about what they enjoyed doing. This resident was later supported by staff to walk to the shop.

Two of the residents living in the centre chose to spend the weekends with family members in their homes. The third resident spent every second weekend with a

relative. The centre was not staffed when all residents were staying elsewhere overnight. Management advised that this arrangement could, and would, be easily changed if for any reason a resident chose to stay in the centre. Typically one staff member worked in the centre when one resident was present, and two staff worked in the centre if there were two or more residents present. By night, there was one staff member who stayed awake. However, when only one resident was staying overnight, the night staff may complete a sleepover shift. The inspector was informed that many of the staff team had worked in the centre since it opened and had developed strong working relationships with the residents. Staff were observed to be very aware of residents' assessed needs and their support plans. All interactions observed and overheard were calm, warm, respectful, positive, and unhurried. Staff remained focused on meeting residents' support needs and ensuring the inspection process had as little impact on their usual daily routines as possible.

As this inspection was announced, feedback questionnaires for residents had been sent in advance of the inspection. Three completed questionnaires were returned to the inspector. The feedback outlined was very positive, with one resident reporting that they 'loved the house so much' and all reporting that there was nothing they would like to change. Respondents were positive about being able to choose their own activities and referenced many activities they enjoyed. These included going to the library, for coffee, out to dinner, bowling, for walks, to the cinema, and shopping. While in the centre, residents enjoyed baking, gardening, cooking, arts and crafts, listening to music, and spending time on their computer. The staff team were also praised with residents referencing that they were supported really well and describing the staff team as lovely, nice, and very good.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. Staff training records and rosters were also reviewed. The centre's complaints log was read, as were records regarding residents' finances. The inspector also looked at a sample of residents' individual files. These included residents' personal development plans, healthcare and other support plans. The systems and processes in place regarding medication management, and protection against infection were also reviewed. The findings in relation to these areas will be outlined in the remainder of this report.

The next two sections of the report 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 delivered to each resident living in the centre.

Capacity and capability

Overall, good management practices were seen. The provider adequately resourced and staffed the service, and collected information in order to improve the quality of life of residents. The centre was staffed by a committed and experienced staff team. Management systems ensured that all audits and reviews as required by the regulations were being conducted. There was evidence of management presence, oversight, and leadership in the centre.

There were clearly-defined management structures in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. Support staff reported to the team leader, who reported to the person in charge, who in turn reported to one of the persons participating in management. The team leader worked in this centre only and was based there from Monday to Friday. This role was fully supernumerary, however if required they also provided direct support to residents. The other management staff were based on the same site as the designated centre and visited it regularly. Management presence in the centre provided all staff with opportunities for management supervision and support.

The person in charge was employed on a full-time basis and had other management responsibilities, dedicating approximately one quarter of their working week to this centre. They had previously been the team leader in the centre. Throughout the inspection they demonstrated a very good knowledge and understanding of the residents, and the day-to-day management of the centre. Team meetings took place monthly in the centre, with each staff member also having a one-to-one meeting with their line manager every three months. These meetings provided staff with opportunities to raise any concerns they may have about the quality and safety of the care and support provided to residents.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. The annual review was completed in January 2023 and involved consultation with residents and their representatives, as is required by the regulations. In previous inspections of other designated centres operated by the provider, it had been highlighted that the scope of the annual review was narrow. During this inspection, management showed the inspector a template that was to be used nationally from 2023. This template had a wider focus and reflected an assessment of the compliance levels with four more regulations than the previous template.

An unannounced visit had taken place in August 2022 and again in January 2023. Where identified, there was evidence that actions to address areas requiring improvement were being progressed or had been completed. Completed actions included the revision of residents' service agreements with the provider, an update to the staff training schedule to include all staff, and the addition of relief staff to the staff supervision schedule. The only outstanding item from the most recent visit

related to maintenance works required in the premises. There was evidence of ongoing liaison with the organisation that owned the property regarding this matter.

It was noted that a number of other audits and checks were being completed on a regular basis in the centre. The team leader completed a weekly audit and the person in charge completed a monthly audit. Both audits reviewed various elements of the service provided and assessed the implementation of various policies and procedures in the centre. These included staff training, medication management, residents' personal plans, complaints, and team meetings. Despite associated audits being in place, improvements required in the area of medication management had not been identified. These will be discussed in more detail in the next section of this report.

In advance of this inspection, the inspector reviewed notifications that had been submitted regarding this designated centre to the Chief Inspector. It was identified that two notifications regarding an adverse incident that occurred in the centre had not been submitted within the time frames specified in the regulations. This was confirmed while in the centre. The inspector reviewed the records of all adverse incidents that had occurred in the centre since the last inspection. Apart from the two referenced previously, all adverse incidents had been notified to the Chief Inspector as required and within the time frames outlined in the regulations.

An effective complaints procedure was in place. A review of the complaints log demonstrated that any complaints made were investigated promptly and measures required for improvement were put in place to the satisfaction of the complainant. Compliments were also recorded in the centre. Relatives of one resident, on two separate occasions, had praised and expressed their appreciation to the staff team and the provider for the service a resident received. They described the service as 'perfect' and reported how 'extremely happy' the resident was living in the centre.

Planned and actual staff rotas were available in the centre. From a review of two separate fortnights selected at random, the inspector assessed that staffing was routinely provided in the centre in line with the staffing levels outlined in the planned roster and the statement of purpose. Rotas indicated that residents received continuity of care from a core staff team. Any staff absences were usually covered within the existing staff team. The inspector also reviewed staff training records regarding areas identified as mandatory in the regulations. All staff had recently completed the required training. In addition, staff had also completed training in human rights, the Assisted Decision-Making (Capacity) Act 2015, and autism. Management had good oversight of training needs and advised that two relief staff were to be booked to attend training in the safe administration of medicines and epilepsy. Neither staff worked alone in the centre. Therefore, staff trained in these areas were always available to support residents.

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of the regulations. Some revision was required to the organisational structure, and to

ensure that the staffing complement was provided in whole-time equivalents (WTEs) and reflected the other management responsibilities of the person in charge. This was completed during the inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this centre in line with requirements outlined in this regulation.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis, and had the skills, qualifications, and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. Residents received continuity of care and support from a consistent staff team. Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had recently attended the trainings identified as mandatory in the regulations. Additional training had also been provided in human rights, autism, and the Assisted Decision-Making (Capacity) Act 2015.

Judgment: Compliant

Regulation 22: Insurance

The registered provider ensured that insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

Overall there were management systems in place to ensure that the service provided was safe, consistent, and appropriate to residents' needs. The management structure ensured clear lines of authority and accountability. The provider had sufficiently resourced the centre to ensure the effective delivery of care and support. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed. There was evidence that where issues had been identified, actions were completed to address these matters. Management presence in the centre provided all staff with opportunities for management supervision and support. Staff meetings and one-to-one meetings were regularly taking place which provided staff with opportunities to raise any concerns they may have. Some improvements were required to ensure that the provider's medication management policy was consistently implemented, and that any adverse incidents were notified to the Chief Inspector in a timely manner.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written service agreements in place which clearly outlined any costs to be paid by residents. An accessible version of this document had been prepared for residents. Residents also had individual tenancy agreements.

Judgment: Compliant

Regulation 3: Statement of purpose

This document met the majority of the requirements of this regulation. Some revision was required to the organisational structure, and to ensure that the staffing complement was provided in whole-time equivalents (WTEs) and reflected the other management responsibilities of the person in charge. The statement of purpose was revised, addressing these points, during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all adverse incidents in the designated centre were notified to the Chief Inspector within the time frames specified in this regulation.

Judgment: Not compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The Chief Inspector was informed of the procedures and arrangements in place during the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place. A review of the complaints logs for each house demonstrated that any complaints made were investigated promptly, measures required for improvement were put in place, and the satisfaction of the complainant was recorded.

Judgment: Compliant

Quality and safety

Residents enjoyed living in this centre. The quality and safety of care provided was maintained to a high standard. A review of documentation and the inspector's experience while in the centre indicated that residents received an individualised service where their rights were promoted, community involvement was encouraged and supported, and residents were safe.

All three residents had lived together in this centre since it opened nine years ago. At the time of this inspection it was reported by residents, staff, and the management team that the group got on well living together. Since the last inspection, there had been a period of time that one resident found particularly challenging. The Chief Inspector had sought additional assurances from the provider as to the supports provided to that resident and their peers at that time. This was also a line of enquiry for this inspection. There was evidence that significant supports were put in place that had benefited all residents living in the centre. Enhanced management oversight was put in place at the time and had since returned to normal arrangements. Staff informed the inspector that they had learned a lot about the impact of the supports they provided, including how they were provided. On the day of this inspection, staff demonstrated a very good knowledge and implementation of the revised plans in place for residents. These plans were comprehensive and outlined proactive approaches to prevent or reduce the likelihood of an incident occurring, and also response plans to be implemented if required. Residents also showed a good knowledge of their own plans and the supports they were offered when they were feeling anxious or upset.

Residents living in this centre led active lives. All residents attended a day service. The amount of time, including the number of days per week, spent in the day service was based on each resident's needs and preferences. Residents spent time in their local community and regularly enjoyed meals out. One resident enjoyed shopping for clothes and was supported by staff with this. Other community-based activities enjoyed by residents included going to the cinema, bowling, going out for coffee, and going to festive events at Christmas. One resident accessed the community independently at times, for example going to the shop, to get a haircut, or to buy a takeaway without staff support. Another resident regularly went on day trips to cities and towns across the country. They were working towards an overnight trip.

Contact with friends and family was important to the residents and this was supported, where needed, by the staff team. All residents regularly spent time with relatives, including staying overnight in their homes. Relatives were welcome in the centre. The planned works in the downstairs area would provide additional private spaces to facilitate visits.

The inspector reviewed a sample of the residents' assessments and personal plans. These provided guidance on the support to be provided to residents. Information was available regarding residents' interests, likes and dislikes, the important people

in their lives, and daily support needs including communication abilities and preferences, personal care, healthcare and other person-specific needs. Residents' involvement in the development and review of their personal plans was clearly documented.

Residents' healthcare needs were well met in the centre. Residents had an annual healthcare assessment. Where a healthcare need had been identified a corresponding healthcare plan was in place. There was evidence of input from, and regular appointments with, medical practitioners including specialist consultants as required. There was also evidence of input from allied health professionals such as dietitians. A summary document had been developed for each resident to be brought with them should they require a hospital admission. Those prescribed emergency medications had a recently reviewed administration protocol in place, signed by the prescriber.

From a review of incidents in the centre, it was identified that a number of residents may engage in behaviours that posed a risk to their own, or others', safety. Management explained that although it had been offered, one resident had declined to engage in one-to-one support with a behaviour support professional. Guidelines were in place for staff regarding how best to support this resident, and had been most recently reviewed by management in January 2023. Management advised that it was hoped that a member of the provider's behaviour support team would review recent incidents with the staff team. This may inform further revision to the guidelines in place.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve in the year. These goals were personal to the residents and reflected their interests. Residents had been supported to set up a tidy towns group on the site and take up healthy habits in the last year. This year, more priorities had been identified. One resident spoke with the inspector about their plan to go to see their favourite band in concert. Others had plans to go horse riding, and to do more gardening in the centre.

Residents' participation in the running of the centre, and in directing their own supports was encouraged. Residents were informed and consulted about day-to-day events and upcoming plans or activities. One resident was a fire warden and supported staff in monitoring the fire safety systems in place. Following the challenging period referenced earlier in this report, the provider engaged the services of an advocate to ensure that the rights of all three residents in the centre were being considered and met. Residents were aware that this support was still available to them if they wished to access it. House meetings were held monthly in the centre, with one-to-one meetings with their key workers taking place more regularly. Typically residents did not raise any concerns in these formats. A review of the residents' meeting minutes showed that there was a focus on residents being supported to know and exercise their rights. Online links to videos regarding advocacy were available. Scenarios regarding safeguarding and keeping safe were also discussed with residents at these meetings. When speaking with the inspector,

a resident spoke about a matter they had raised previously and told the inspector that their concerns had been listened to, and were now resolved. It was very evident from spending time in the centre that residents' rights were at the forefront of the service provided and were regularly considered by the staff team. Staff had recently completed training in human rights and spoke positively about the conversations it had generated among the team. Management advised that it had also supported staff in implementing a more positive approach to risk taking and spoke about changes made as a result of this which had been welcomed by the resident involved.

The inspector reviewed the records maintained regarding residents' finances in the designated centre. Each resident in the centre had a different arrangement in place regarding managing their money. One resident's relative received their disability allowance and gave it to them in cash each week. Staff then supported the resident to lodge the majority of this money into their own bank account, while keeping some cash for incidental spending. They were also supported by staff to use their bank card for purchases. Management advised that this arrangement had been recently reviewed and their state payment would soon be paid directly into their bank account. This resident had supports and structures in place in relation to spending their money as in the past they had bought things which they later regretted. The current arrangements were reported to be working well. Management reviewed this resident's bank statements to ensure that they reflected all money lodged. Relatives of the two other residents had a primary role in managing their finances. One resident had access to a bank card which they used to pay for preferred items and activities. The provider had no role in storing this resident's money, or supporting them in this area. The third resident had previously expressed that they did not wish to be involved in the management of their money. A relative dropped cash to the centre which was then stored in a secure area. The resident then asked for money as they wanted or needed it. Records were kept of all money received on behalf of the resident, and taken at their request. Management advised that increasing residents' awareness, understanding, and involvement regarding their own finances had been discussed at recent planning and review meetings attended by residents and their relatives. Financial capacity assessments were planned. Management were clear on what expenses were covered by residents and what were covered by the provider. This was in line with the information outlined in residents' written service agreements with the provider. The inspector looked at a sample of the financial records maintained in the centre and found that the system outlined was being implemented as described.

The inspector reviewed the medication management processes in place in the centre with one of the staff members. This staff member was very knowledgeable about the systems in place. Assessments had been completed regarding residents' ability to manage their own medication and one resident was supported to take a more active role in this area. Residents were reported to have a good knowledge of any medicines they were prescribed, and why they were taking them. Medicines were stored in one room in the centre. There was a separate, secure storage unit for each resident. Arrangements were available should a resident be prescribed a medicine that required refrigeration. The inspector saw that all medicines were labelled with residents' names, and it was recorded when containers were opened. There were

systems and separate storage available for any medicines to be returned to the pharmacy. Systems were also in place to record when any medicines left or were returned to the centre, for example when residents' stayed with family. There were clear processes in place regarding the ordering, receipt, prescribing, storing, disposal, and administration of medicines. A member of staff guided the inspector through these processes and the checks implemented to reduce the risk of any medication errors. In the course of this discussion and demonstration it was identified that residents' prescriptions did not always provide information regarding the times when medicines were to be administered. The maximum dose to be administered in 24 hours of PRN medicines (medicines taken only as the need arises) was also not always included on the prescription. One resident was prescribed the same medicine to be administered on both a routine and a PRN basis. Directions, including the dose and time, for staff to follow when administering this medicine in the two separate circumstances were not outlined on the resident's prescription. This was not in line with the provider's own policies and procedures. Medication audits were regularly completed in the centre, most recently in January 2023. Although in place at the time, the areas identified as requiring improvement in this inspection were not identified in this audit.

As referenced previously, the centre was observed to be clean and generally well-maintained but there were some damaged surfaces in places, including on a desk in a communal area, in all bathrooms, and the utility room where laundry was managed. As a result it would not be possible to effectively clean these surfaces. Works to address the majority of these matters had been requested but there was no agreed time line for completion. There were good practices in place regarding infection prevention and control (IPC). Monthly IPC audits were completed in the centre. Records indicated that staff had completed training in infection prevention and control, including hand hygiene. A first aid kit was available in the centre. On review it was identified by the inspector that one item had passed its expiry date. Supplies of personal protective equipment were available in the centre. The provider had, following a risk assessment, decided that staff no longer needed to wear face coverings when working in this centre, unless supporting a resident with personal care. Management advised that staff could still choose to wear masks if they wished. Residents' vaccination status was recorded and there was guidance available to staff to ensure that residents were supported to make an informed choice regarding any available vaccines.

The provider had an isolation plan in place to be implemented in the event of a suspected or confirmed case of COVID-19 or any other transmissible infection. This reflected the specific layout of the centre, and the individual needs of the residents. An accessible document was available to support residents' understanding. When reviewing some of the guidance documents in place regarding suspected or confirmed COVID-19 cases, it was identified that some required review to reflect changes made to the provider's and national guidance. Clear guidance was also required for staff to follow should they become symptomatic but receive a 'not detected' antigen test result. Management committed to reviewing and updating these documents. Since the last inspection completed on behalf of the Chief Inspector, a resident who had tested positive for COVID-19 while in the centre had been supported to isolate. They had a good understanding of the need to isolate

and did not experience any difficulties in following this guidance. The resident had since recovered well from their illness.

Regulation 10: Communication

Residents were supported at all times to communicate in line with their needs and wishes. Staff had a good knowledge and awareness of residents' individual communication needs. Residents had access to media including televisions and the internet.

Judgment: Compliant

Regulation 11: Visits

Residents were free to receive visitors if they wished and both communal and private spaces were available to facilitate this.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to, and retained control of, their possessions. There was adequate space and storage for residents to store their belongings. Where support to manage financial affairs had been requested, there was good record keeping and oversight regarding any money belonging to residents that was received or spent while in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were provided to participate in a wide range of activities in the centre and the local community.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises were clean, accessible to the residents, decorated in homely manner, and well-maintained. Areas identified as requiring maintenance are referenced in the findings regarding Regulation 27.

Judgment: Compliant

Regulation 18: Food and nutrition

There was evidence that choices were offered at mealtimes and that staff had a good knowledge of residents' individual dietary needs and preferences. Residents were supported to be involved in shopping, meal preparation, baking, and growing food in line with their wishes.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide prepared by the provider required review to ensure that any costs associated with living in the centre were clearly outlined, and that there was more information regarding how to access any inspection reports and the arrangements for visits. This revision was completed during the inspection.

Judgment: Compliant

Regulation 27: Protection against infection

Procedures had been adopted to ensure residents were protected from healthcare-associated infections including COVID-19. A contingency and isolation plan specific to the residents and layout of this centre was in place. Some of the documented plans and guidance required review to ensure they were consistent with current public health guidance and the provider's own policies and procedures. The staff team had completed training in infection prevention and control, including hand hygiene. The centre was observed to be clean. However, there were some damaged surfaces evident which therefore could not be cleaned effectively.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that appropriate practices relating to the ordering, storage, disposal and administration of medicines were implemented in the centre. Some improvements were required to ensure that, in line with the provider's own policy, all of the required information was included on residents' prescriptions.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

An assessment of the health, personal and social care needs had been completed for each resident. Each resident had a comprehensive personal plan which was reviewed at least annually. Residents had been involved in the development and review of all elements of their plans, including their personal development plans. There was evidence that residents were being supported to achieve goals that were meaningful to them.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Residents had access to health and social care professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required one had a recently reviewed behaviour support plan in place. There were no restrictive practices used in the centre. Residents' consent was sought regarding any interventions and this was respected.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in the centre at the time of this inspection. The provider had put in place a number of plans to support residents to develop knowledge, self-awareness, understanding, and skills needed for self-care and protection. These plans referenced staying safe in the community and online. A safeguarding concern raised on the day of the inspection was responded to in line with the provider's, and national policies and procedures. All staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that respected residents' rights. Each resident received a service tailored to their individual needs, preferences, and requests. Residents were encouraged and supported to exercise choice and control while living in the centre. Advocacy services had been introduced to residents and remained available to them. Work was underway to increase residents' understanding, awareness, and involvement in their financial affairs.

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
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Parnell Place Residential Service OSV-0004117

Inspection ID: MON-0030434

Date of inspection: 16/02/2023

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: <ul style="list-style-type: none"> • Prescription review, including PRN prescriptions has been added to the PIC local monthly auditing tool to ensure increased oversight. This will allow the service to quickly identify and address any issues. This was completed on 01/03/2023. • The submission of required notifications will continue to be monitored through local weekly and monthly audits. 	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none"> • The PIC has revisited the requirements under Regulation 31: Notifications of Incident and is aware of the timelines for the submission of notifications. This was completed on 01/03/2023. 	
Regulation 27: Protection against infection	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Furniture and fittings with defective surfaces to be replaced by 31/03/2023. • Proposed works to the living environment to be actioned and complete by the property owner by 12/05/2023. • Local IPC/Covid-19 Guidance documents reviewed on 17/02/2023 to ensure correct/up to date information and contingency guidance in the event of symptomatic residents or staff. Any updates have been communicated with the staff team and added to the staff meeting agenda to be discussed further on the 30/03/2023. 	
<p>Regulation 29: Medicines and pharmaceutical services</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • All PRN max doses has been reviewed and the GP has added the required information on the prescription. This was completed on the 22/02/2023. • The GP has signed off on administration times for medication in the service. This was completed on the 22/02/2023. • The Provider's Annual Medication audit tool is currently under review following the recommendations from this inspection to ensure the audit in line with the Providers Medicines Management Policy. 	

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.	Substantially Compliant	Yellow	01/03/2023
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	Substantially Compliant	Yellow	01/03/2023

	published by the Authority.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	12/05/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	22/03/2023