Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Park View
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	08 September 2021
Centre ID:	OSV-0005828
Fieldwork ID:	MON-0033993

About the designated centre

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

Park View is a residential service located in Kilkenny close to a range of local amenities. The service provides supports to four individuals with an intellectual disability, over the age of eighteen years. The service operates on a 24 hour, 7 day a week, basis ensuring residents are supported by staff members at all times, with effective governance systems in place. As set out by the provider, Park View "aims to develop services that are individualised, rights based and empowering, that are person centred, flexible and accountable". The accommodation currently consists of two apartments within a two storey house, each comprising of two bedrooms, living room, kitchen and bathroom.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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 - 2015 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
Wednesday 8 September 2021	09:00hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This inspection was completed during the COVID-19 pandemic. As such the inspector adhered to infection, prevention and control best practice, which included maintaining social distance and the wearing of personal protective equipment.

The centre Is a two storey property which is divided into two self contained apartments one on the ground floor and one on the first floor. This centre is registered for a maximum of four individuals (two per apartment) however, it is currently home to only two residents. The inspector met with one resident on the day of inspection, the other resident was at their day service. Since the last inspection this centre has had a number of changes to individuals living here and the provider has ensured that the staff team has changed accordingly to meet new resident's care and support needs.

The resident who met with the inspector was observed to use a number of communication strategies to communicate with staff. The inspector observed the staff using a combination of key words and non verbal systems to support the resident in understanding their daily routine and to explore means of making choices. The resident took the inspector out to the garden briefly and also was content for the inspector to be in their home over the course of the day.

The inspector observed the staff team use familiar items to support them in feeling relaxed and a weekly planner was found to be familiar to and followed by the staff present. The resident was supported to listen to music and relax, spend time in the garden and to be involved in the kitchen during daily activities. The staff team engaged with them in a respectful and positive manner and took their lead from the resident and their communication cues.

The other resident was at their day service, which currently is open on two days a week. Their home was reflective of their interests and the staff who met with the inspector could outline activities they enjoyed and outings that were planned for the rest of the week. It was evident that both residents lived full lives that supported their individual preferences.

The next two sections of this report present the findings of this inspection with respect to how the centre is governed and managed in addition to the oversight arrangements in place to ensure residents experienced a good quality and safe service. While overall the provider had ensured a high level of compliance with the regulations that were reviewed as part of this inspection, some improvements were required in management of fire safety, consistency of staffing and in the protection of resident's personal information.

Capacity and capability

Overall the inspector found that the registered provider and the staff team in place had ensured that the individuals living in this designated centre received a good quality service. This inspection found evidence, across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of the residents.

There was a clear and accountable management structure in place which identified the lines of authority and accountability. The staff team reported to the person in charge who in turn reported to the Community service manager. Staff who spoke to the inspector were clear on who to speak with should they have a concern or need to report an incident. It was evident that both the person in charge and the community service manager had a regular presence in the centre and knew the residents and the staff team well.

The provider had recently accepted a new admission into their service who was living in this centre. This was the first external admission by the provider in a number of years. The admission had been positively managed by the management team and the provider demonstrated good systems of review and outlined areas that would be explored in more detail for subsequent admissions. These were proposed to ensured the experience for residents was as seamless as possible.

Regulation 15: Staffing

The registered provider had put in place a staff team with a skill mix suitable to meet the assessed needs of residents. The provider had reviewed the skill mix of staff in this centre following a recent change in the assessed needs of residents and following a serious incident resulting in a resident requiring a hospital stay.

The staff team was not as yet complete and where there were any gaps in the rota these were filled by a number of staff from staffing agencies. The provider and person in charge had a plan in place to ensure that these staffing deficits were recruited for. One resident had recorded in a meeting with staff that they found it hard not knowing who was going to be there to support them as staffing was inconsistent at the moment. Where possible, on the rosters reviewed by the inspector, the person in charge endeavoured to ensure that staff from the core staff team was present on each shift.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs. Staff were in receipt of formal supervision and support from the person in charge. Staff also received on the job informal training and were in receipt of informal supervision and support from the person in charge.

The person in charge had also taken steps in relation to staff training to prepare for a possible outbreak of COVID-19. The training records viewed indicated that all staff had completed training in infection control, in donning and doffing of personal protective equipment (PPE) and in hand hygiene.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents with all the information as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place consisting of an experienced person in charge, who was supported by a Community service manager who was the person participating in management for this centre.

The inspector was also satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. There was an annual review of the quality and safety of care scheduled with the previous one available in the centre. In addition six-monthly auditing reports were being completed as required by regulations. Action plans had been developed in order to ensure improvements arising from the auditing process were addressed in a reasonable time frame.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had put a clear transition plan in place for a resident in supporting them to move into this centre. The person in charge and core staff had additionally visited the resident in their previous home in advance of them moving. There was evidence that the resident had selected the paint colour for their bedroom and their personal belongings were carefully displayed and accessible to them throughout their house.

The resident had a tenancy agreement in place between them and the housing association who owned the property. In addition a written contract for the provision of services was in place which outlined any services to be provided and costs that may be occurred. Both of these documents were signed and there was evidence that using an easy read, symbol supported version of the documents that the contents and their meaning had been discussed with the resident.

Judgment: Compliant

Quality and safety

The overall environment was welcoming, homely and specific to the assessed needs of the residents. The inspector was satisfied that the residents were provided with a good quality of life in keeping with the ethos of the provider. Some improvements were required in a small number of the regulations reviewed to ensure regulatory compliance. These included fire safety practices, property maintenance and the safeguarding of resident's information.

Overall, the centre suited the needs of the residents. The house was located reasonably centrally and residents had very good access to local amenities. Residents' quality of life was prioritised by the systems in the centre - and their choices were supported. The inspector could see that residents were supported as they wished to be out and about in the community while maintaining COVID-19 guidelines.

Following a recent incident in the centre whereby a resident required a hospital stay the provider completed an immediate review of the support needs of the resident to ensure that their changing needs were met. The inspector observed systems in place for ongoing review of resident's personal goals and daily activities reflected resident's stated preferences.

Regulation 17: Premises

This centre is a two storey property in a residential area on the outskirts of Kilkenny city. Internally the property is divided into two self contained apartments one on the ground floor and one on the first floor. Each is accessed by their own front door and

the provider had also divided the garden to provide private external spaces to the residents in each apartment.

The apartments were spacious and clean and the residents' personal items and photographs were on display throughout. In one resident's bedroom a drawer front on a bedroom chest of drawers required repair and there were some minor areas of redecoration required for example where items had been removed from walls and holes needed to be filled and repainted. One apartment had a third bedroom currently unfurnished however, it contained an unused filing cabinet next to the residents ironing board and washing line. In addition, in the hallway of one apartment the personal protective equipment was stacked on the floor and not potentially in the unused bedroom.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being.

There was a detailed and current risk register which included clinical and environmental risks and pertinent plans and environmental adaptations made to meet the complex needs of the residents. Any changes in either the residents assessed needs or as a result of an incident or accident were promptly responded to. Following a recent serious incident in the centre the inspector found that the provider and person in charge had used the systems in place for learning from adverse incidents and had amended, updated or introduced new risk assessments as required.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge had taken steps in relation to infection prevention and control in preparation for a possible outbreak of COVID-19. There was regular cleaning of the premises and sufficient personal protective equipment was available to staff at all times. There were adequate hand washing facilities and access to hand sanitising gels. The provider had mechanisms in place to monitor staff and residents for signs of infection.

Social stories were in place to support residents in understanding the need to socially distance or wear their face masks when out in the community or when going

on visits to peers or family. The provider's COVID-19 task force group met on a weekly basis to ensure that contingency plans were up-to-date with current guidance and to review the service COVID-19 trackers. Key points of information were included on a weekly communication bulletin to all staff that also outlined information for sharing with residents.

The inspector found that the system for the collection of bins required review as these were overflowing and bags of rubbish were placed next to full bins. The bins were accessible within the garden. The provider dealt with this matter on the day of inspection, whereby bins were emptied, the area cleaned and a larger bin ordered.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. Suitable equipment was available and there was evidence that it was maintained and regularly serviced. Each resident had a personal emergency evacuation procedure in place and there was a centre evacuation in place.

The daily and weekly checks while being completed as per the providers policy did not include the utility room which while part of the house had to be accessed from an external door. The risk of the utility room not being identified as needing to be part of regular fire safety checks was highlighted to the person in charge on the day.

Staff had completed fire training and fire drills were occurring however, these were done per apartment and not per centre. There was no evidence that a night drill (drill with minimum staffing levels) had been completed in the previous twelve months. This did not provide assurance that the current staffing arrangements at night could evacuate both residents safely as it had not been tried.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate policies, procedures and practices relating to the ordering, receipt, prescribing, storage and disposal of medicines. There was evidence of updated information on a kardex (prescription detail) immediately following medical review. There were associated care plans reviewed by the GP and positive behaviour support plans in place for managing situations for example, when residents did not wish to take medicines.

Clear detailed documentation was in place for the use of prescribed fluid thickening

agents and staff were observed to be familiar with their use and the administration of them. Additionally where residents took controlled medicines there were clear systems in place and systems for staff to follow.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the resident's personal plans and found that they were person-centered. The residents had assessments of need which had outlined care and support plans that were required. Where a resident had recently transitioned into the centre a review of previous assessments of need had been completed and used as a basis for developing interim goals. The resident's interests were being identified and a further review was scheduled.

Independent living skill records were in place and residents were supported to be active participants in their homes and in everyday activities. The residents had weekly planners in place and some items had been highlighted by the person in charge as non-negotiable as these were important to residents. The inspector found that staff were familiar with the planners and followed the guidance relating to preferred activities.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenges. Residents had positive behaviour support plans in place which were reviewed as required, with input from a suitably qualified professional. Standard operating procedures had been developed to clearly guide staff to support them to manage in particular situations.

Where restrictive practices were in place to keep residents safe they were assessed and reviewed on an ongoing basis. The person in charge reviewed their use and there was evidence that where possible restrictions were reduced or removed.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from

harm or abuse. All staff had received training in safeguarding, there was an up-to-date safeguarding policy to guide staff, and there was a designated safeguarding officer to support residents and staff. The management team were very clear about what constituted abuse. There were no current safeguarding plans in place in the centre.

The inspector reviewed guidance that was used to keep residents safe for example, when accessing the internet or using their phones and up-to-date intimate care plans were in place to guide staff when providing personal care.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents in this centre to make decisions, make their preferences known and be supported to achieve their own goals and wishes was actively promoted. The inspector found that residents received clear information on matters that pertained to them and information was presented in an accessible manner. Advocates were available to support residents in making decisions to ensure their specific needs and rights were promoted.

Improvement was required however, to ensure that resident's privacy regarding their personal information was maintained. The inspector found that information regarding a number of residents was pinned to a notice board in a living space that could be read by visitors or by a resident about a peer. In addition, resident files were not stored securely and accessible in boxes in a spare bedroom.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Park View OSV-0005828

Inspection ID: MON-0033993

Date of inspection: 08/09/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: SPC recruitment is ongoing to attract new staff members to the service and ensure current gaps in staffing complement across the service can be filled. A gap of 1.5 WTE is currently filled with consistent agency staff in Parkview until new recruited staff members can be employed into the staff team. Additionally, a review of support needs is underway for one lady supported who was admitted to the service on 12/07/2021. As part of the admission and settling period additional staffing complement and supports were put in place to ensure a safe transition period for the person supported. As part of the review of support needs the following re- arrangements within the staff team will be discussed between PIC and PPIM: - reduction of current 2:1 supports for the person supported to 1:1 support as per residential funding. - Implementation of a sleep over night staff additional to 1 waking night staff instead of currently 2 waking night staff.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The PIC has addressed the need for maintenance work to be carried out in Parkview with SPC maintenance team. Repair works on the chest of drawers for one person supported have been completed since the inspection took place. Staff team have cleaned up the unfurnished bedroom, archived files and have addressed	

the storage of PPE. The PIC has also added the usage and decoration of this room on the agenda for the next team meeting on the 11/10/2021.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC and H & S department have included the utility room on the regular fire safety checklist for Parkview. The PIC will ensure all staff are aware of the requirement for fire safety checks in the utility room, as discussed at the team meeting on the 11/10/2021.

H & S department has also ensured fire alarm system is working in the utility room as part of the designated centre. A full review has been completed on the 08/10/2021.

A night time fire drill with minimum staffing levels has been completed on the 11/10/2021. Learning and outcomes from this drill will be discussed at the team meeting the same day.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC and staff team have removed all information about people supported from the notice board in the living space area of one apartment in Parkview. The staff team and PIC are further discussing the layout and usage of the work area in the living room of a person supported at the next team meeting on the 11/10/2021 to ensure person’s privacy regarding their personal information is maintained.

SPC Bulletin team will also address Regulation 9 in the next editions of the weekly Bulletin in October to share best practices examples of SPC houses in relation to computer/office areas within person’s homes.

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/11/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	11/10/2021
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	08/10/2021
Regulation 28(3)(d)	The registered provider shall make adequate	Not Compliant	Orange	08/10/2021

	arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	11/10/2021