



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

## Issued by the Chief Inspector

Name of designated centre:	Parkside Residential Services Ard Glas
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	14 March 2024 and 15 March 2024
Centre ID:	OSV-0008093
Fieldwork ID:	MON-0034078

## About the designated centre

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

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

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

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 14 March 2024	09:30hrs to 16:00hrs	Sarah Mockler	Lead
Friday 15 March 2024	09:30hrs to 13:30hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

This announced inspection was completed to inform a decision on the registration renewal of the centre. The inspection was completed across a two day period by one inspector. This report will outline the findings against this centre and the specific areas of improvement that were required to ensure the centre was operating at optimal levels of compliance.

On arrival at the centre, the front door was opened by a resident who warmly welcomed the inspector in. A staff member presented the sign in book and the inspector was shown into the communal areas of the home. The resident that greeted the inspector was up and ready for the day. They had recently transitioned into the centre and were settling well into their new home.

The designated centre had capacity to accommodate three residents and over the two days of inspection the inspector had the opportunity to meet with all three residents. The inspector spoke with the residents, spoke with the management and staff team, reviewed documentation in relation to care practices and risks, and directly observed aspects of care practices in order to get a sense of what it was like to live in the centre. The overall impression of the centre was that person-centered care was delivered to all three residents which resulted in a good quality of life outcomes for all residents.

On arrival at the home the inspector noted it was a well presented bungalow building located in a residential area in Co. Kilkenny. Inside there were three individual bedrooms, one of which was en-suite, a sitting room, a kitchen/dining area, a utility room, a room allocated as a staff sleepover/office and a main bathroom. All parts of the home were very well presented, nicely decorated and spotlessly clean. It was evident that the residents and staff team took pride in how the home was presented. Pictures, soft furnishings, ornaments and other personal items were on display throughout the home. Residents showed the inspector around their home. Each bedroom was individually decorated and some residents had opted to have televisions in their room. One resident showed the inspector how they recorded their favourite television show each day.

Residents in this home used different forms of communication, which included engaging in verbal conversations or using gestures, pictures and adapted sign language to engage in conversation. The house was set up to ensure all residents' communication needs could be adequately met. There were picture boards present in the kitchen and in a resident's bedroom, communication picture books and other forms of aids to ensure communication was effective and accessible for all in the home. The inspector observed a resident using their communication book to engage in a conversation about their family. During this time they also utilised adapted sign language. Staff present readily understood and engaged in conversations with this resident. Residents' communication style was respected, encouraged and facilitated

in this centre.

The residents that met and spoke with the inspector all indicated they were very happy in their home, they were happy with the support of the staff team and were encouraged to be part of their community and their home. Observations across the two days of inspection were in line with what residents had told the inspector. Residents appeared very happy and content in their home and each others company. They accessed all parts of their home and garden and readily approached staff if they wanted help or support. Staff present were very familiar with all residents. Interactions between the staff and the residents was very respectful, kind, caring and supportive. Staff were observed to always ask for permission from residents before attending care needs, knocking on doors before entering personal spaces and involving them in all aspects of care and support.

Residents in the home had busy, active lives in line with their specific needs, preferences and wishes. Two residents had chosen to retire from day service. Staff and residents discussed that although a different pace of life was now preferred by the residents they were actively encouraged to engage in different activities. They enjoyed shopping for preferred items such as newspapers, going out for lunch, dinner and coffees, attending mass, gardening, and attending a local retirement group. One resident attended day service five days a week and spoke to the inspector about this. They loved farming and they spent the majority of their day engaging in farming activities in the local day service. Family relationships and friendships were encouraged and facilitated with many residents visiting relatives for day and overnight visits. Residents also used mobile phones to keep in contact with family.

Holidays and day trips away were also important to all three residents. Some residents were in the process of planning a two night trip away to Cork and other residents had planned a trip abroad. Staff and residents were speaking about the trip to Cork and staff explained that the residents would help choose a suitable hotel later in the week. One resident spent time speaking to the inspector about previous trips away which included, trips to London and Paris. They spoke in detail around their trip to the airport and what happens before they get on a plane.

On the day of inspection two residents were attending an appointment with a health and social care professional and going out to lunch. The third resident was attending their day service. When residents returned later in the afternoon they showed the inspector pictures they had got printed. Later in the day residents were colouring or watching preferred programs on their tablet device or tv. Residents were observed to come in and out of communal areas and sit and have tea or coffee with staff members.

On arrival at the centre on the second day, two residents were having their breakfast together. The other resident had left for their day service. Residents had planned to spend the day out in the garden and to relax around their home. One resident took particular pride in tending to the garden and had spent considerable time in this space planting and creating flower beds. At the end of the second day of the inspection the resident showed the inspector around the garden and pointed out

the plants and flowers they had recently planted and a chair and table they had purchased for themselves.

As part of the inspection process the residents, with staff support, filled out a questionnaire in relation to the care and support they were receiving. Residents could comment on their home, what they did every day, staffing, people they live with and having a say. Residents all indicated they were happy with all aspects of care and support. In the documentation, staff described the level of support that was required, with many residents filling out aspects of the form themselves.

Overall good levels of compliance were found on the inspection. A strong rights based approach to care and support was provided by the staff team which ensured that residents received good quality care. The next two sections of this report will 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 provided.

## Capacity and capability

Overall, it was found that the layout of the designated centre, the staff team and the mix of residents was conducive to providing good quality outcomes for the residents. For the most part the centre was well-managed and care was provided in line with residents' specific needs. However, some improvements were required in relation to staff training and supervision and the implementation of management systems in the centre.

There was a suitably qualified and experienced person in charge who had oversight of another designated centre in addition to the current centre. This person in charge was employed in a full-time capacity. There was a clearly defined management structure in place which identified lines of authority and accountability. The person in charge reported directly to the service manager who was the person participating in management. Although there was some evidence of senior management visiting and reviewing aspects of care and support in the centre, there were limited systems in place for senior management to audit and review the quality of care being delivered. For example, there was no evidence or systems in place that indicated that the person participating in management reviewed the six monthly unannounced audits and relevant actions that were in place. In addition, some audits and reviews at centre level were not occurring in line with best practice or the requirements of the provider's policy.

A training matrix was maintained which reflected the training completed by the designated centre's staff. Not all staff had completed mandatory training in areas including managing behaviour that is challenging and de-escalation techniques, safe administration of medication and first aid. In addition, there was limited evidence in

place to indicate if staff had completed specific training in relation to some residents' specific needs. This was a failure identified across all five designated centres operated by the provider. It was a particular concern in the current centre as lone working was occurring for the majority of the day.

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

The provider submitted the required information to apply for the renewal of the registration of the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider ensured that the qualifications and skill-mix of staff was appropriate to the assessed needs of the residents. There was an established staff team in place which ensured continuity of care and support to residents. For example, some of the staff team had been supporting the residents for over 20 years.

The person in charge maintained a planned and actual roster. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. Continuity of care was evident with overall a stable core staff team in place. Regular relief staff were in place to cover annual leave and sick leave.

The staff present across the two days of inspection were found to be knowledgeable of each resident's specific needs. The spoke about residents in a very respectful manner and were caring and kind in all interactions observed.

Judgment: Compliant

### Regulation 16: Training and staff development

A training matrix was in place which indicated that not all staff had completed training in mandatory areas. This included initial training and also refresher training. Some staff required training in first aid, safe administration of medicines, and behaviour management including de-escalation techniques. In addition, residents had specific assessed needs in relation to feeding, eating, drinking and swallowing and had been prescribed specific diets in relation to this. Staff had not completed training in relation to this specific assessed need. Overall it was found that the management and booking of staff onto relevant trainings required significant



improvement at provider level. Although the provider was well aware that there were deficits in staff training across the organisation there was limited effective actions taken to date.

The provider had policies and procedures in place in terms of supervision of staff. This included one-to-one supervision sessions with a line manager that occurred on a yearly basis. It was found that the permanent members of the staff team had all received supervision in January 2024. However, previous to this not all staff had been receiving supervision on a yearly basis.

Judgment: Not compliant

## Regulation 22: Insurance

The centre was adequately insured against accidents and incidents. They had submitted evidence of this in the application to renew the registration of the centre.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre which ensured that residents received a service which met their assessed needs. The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was knowledgeable around residents' specific needs and preferences.

Although a number of provider-led reviews had occurred this was an area that required additional attention. A six monthly provider-led audit was completed in August 2023 . No action plan had been generated following this even though actions had been identified. The next six monthly provider-led review occurred in December 2023. Although this document referred to previous actions, it referred to actions dated November 2022 and not the most recent audit that had occurred in August 2023.

In addition, medication audits and infection control audits were not occurring in line with best practice or the requirements of the provider's policy. There was no infection control audit completed to date within the centre. There was no medication audit completed in the centre and the person in charge was unsure of when the last one was completed. The provider's policy stated that it should be completed minimally every six months.

Although the impact to quality of care in the current centre was minimal, this was due in part, to a very stable, knowledgeable staff team. A review of the systems of

oversight were required to ensure they were in line with the provider's policy and accurately reflected the requirements of the centre, and enabled senior management to gain adequate assurances. This would ensure consistent, quality of care could be maintained during all circumstances.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

Following a review of the statement of purpose prior to the inspection it was found that this document required some minor amendments. This was subsequently reviewed and re-submitted following the inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the Regulation were reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. All notifications had been submitted as required.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the centre presented as a very comfortable home and care was provided in line with each residents' assessed needs. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and staff, a review of residents' finances, risk documentation, fire safety documentation, safeguarding documentation and documentation around protection against infection. Good quality outcomes were noted for residents and residents all stated they were happy and well cared for.

The staff team were actively assisting the residents to maintain their interests and explore options of activities in their local community to ensure they were having meaningful experiences. Although a number of residents had retired from their day service they were given the option to attend for different events if they so wished.

Residents also took part in activities such as gardening, chair yoga and active retirement groups in their local community. Residents were active in their local community and enjoyed spending time in the city, attending local mass services and meeting with friends.

The provider had good risk management procedures in place in this centre. These included policies and procedures to guide staff practice. There was a risk register and general and individual risk assessments were developed and reviewed as required. The provider also had systems to respond to emergencies and to monitor and respond to adverse events. A responsive approach to risk management was in place that ensured residents' independence was promoted and maintained.

### Regulation 13: General welfare and development

The residents were being actively supported and encouraged to experience a range of activities and relationships, including friendships and community links. Residents' preferences, interests and assessed needs were carefully considered to ensure that activities chosen were suitable and meaningful. All residents' plans had personal outcome measures in place which aligned to the goals they had chosen for the upcoming year. Residents were members of the local library, took part in local show productions, shopped in the community and ate out in local restaurants. Staff explained that residents were well known in one local restaurant and the staff there looked after them very well.

On review of one resident's file they had plans to arrange a milestone birthday party, family visits away, stays in hotels and holidays planned. A sample of daily notes reviewed indicated that residents enjoyed activities as stated in their individual goals. All residents stated they could attend events and activities they liked. Residents spent time with the inspector discussing their preferred activities and how they enjoyed to relax.

Judgment: Compliant

### Regulation 17: Premises

As previously mentioned, the premises was designed and laid out to meet the residents' needs. It was found to be warm, clean, comfortable and homely. The bathroom space was accessible with a specific accessible bath/shower fitted to ensure residents specific needs could be met. Outside, hand railings had been installed at the steps to support the residents safely as they leaved the building.

It has been identified through audits that an additional bathroom would be beneficial to the home. Plans were in place to commence the renovation works over

the coming year.

The house was personalised throughout with the residents' personal belongings, family photos and art work on display. During the inspection, the residents were observed moving around their home independently, opening and closing the front and back doors with keys, and helping out with everyday chores.

Judgment: Compliant

### Regulation 26: Risk management procedures

The residents were protected by the systems which were in place to identify, assess, manage and review risk in the centre. The organisation's policy contained the information required by the Regulations and there were procedures in place for responding to emergencies.

There was a risk register which was reviewed and updated regularly. It was found to be reflective of the actual risks in the centre at the time of this inspection. General and individual risk assessments were developed and reviewed as required.

Risks that had been identified were managed in way to ensure that the control measures in place continued to promote the residents' independence and did not hinder their access to activities that were meaningful. For example, one resident due to declining mobility in their hands, was at risk of scalds from making hot drinks. The control measures put in place mitigated the risk, however, ensured the resident could still make hot drinks for themselves. For example, the resident was taught to put the milk in first before adding hot water or carrying the drink. This approach to risk management was also taken in relation to specific risks associated with gardening activities and other identified risks within the centre.

Incidents and adverse events, although were at a low frequency within the centre, were being reviewed and learning identified was communicated with the staff team. Staff were knowledgeable around specific risks within the centre and could discuss the relevant control measures in place.

Judgment: Compliant

### Regulation 8: Protection

The residents were protected by the policies, procedures and practices relating to safeguarding and protection. This included financial safeguards in place to ensure residents' monies were regularly and accurately accounted for.

Staff had completed training in relation to safeguarding and the prevention,

detection and response to abuse. Staff spoken with were aware of the procedures in place in the event of a safeguarding incident occurring. On the day of inspection there were no safeguarding concerns within the centre.

The residents' personal plans were detailed in relation to any support they may require with their personal and intimate 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	Not 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 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Parkside Residential Services Ard Glas OSV-0008093

Inspection ID: MON-0034078

Date of inspection: 14/03/2024 and 15/03/2024

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC has had a meeting with the training dept.</p> <ul style="list-style-type: none"> <li>• Managing eating and feeding training is now complete.</li> <li>• SAMS training has been booked and will be completed for all staff by 22/04/2024.</li> <li>• SIF training has been scheduled and will be completed by 30/05/2024.</li> <li>• First Aid training for one staff member will be completed on 24/04/2024.</li> </ul> <p>A schedule is now in place for staff supervision and will continue to be completed in line with policy.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The PIC and Service manager have created a schedule for internal audits within the centre. These will be completed in line with policy and ensure greater oversight and governance within the centre.</li> <li>• The provider is currently developing a system of reporting which will be rolled out across the region to address the issue of oversight of actions from all audits.</li> </ul>	



- The Compliance Manager has revised guidelines for six monthly internal audits and is currently in the process of improving overall quality of internal auditing.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/05/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/05/2024
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	30/06/2024