



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:	Unannounced
Date of inspection:	29 November 2021
Centre ID:	OSV-0008093
Fieldwork ID:	MON-0034074

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 two male residents, however the designated centre can support up to 3 residents male or female. 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:	2
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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
Monday 29 November 2021	12:45 pm to 4:15 pm	Lisa Redmond	Lead
Monday 29 November 2021	12:00 pm to 4:15 pm	Conor Brady	Support

What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspectors met the two residents that lived in the designated centre. This inspection was completed during the COVID-19 pandemic. The inspectors carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

This designated centre was newly registered to provide a new home to the two residents that lived there. The residents had lived together in their previous home for some time. Overall, the inspectors found that residents were very well supported to live a life of their choosing and that they received a high quality of care and support in their home.

Residents were proud to show the inspectors around their home. The house was a bungalow located in an urban area. Residents were actively involved in choosing the furniture and artwork in their home, which was bright, colourful and modern. The residents' home was clean and warm, and it had been decorated to a high standard. It was observed that the residents were very comfortable in each others' company.

The atmosphere in the designated centre was calm and relaxed. One staff member supported the residents throughout this inspection. Residents spoke highly of the staff that supported them in their home. It was evident that the staff member on duty was very knowledgeable about resident's needs and how to support them.

It was clear that the location of the residents' new home was important to them. Residents had lived in their local area for some time, and had made connections in their local community. One resident regularly went to their local takeaway where they knew the staff who worked there. The resident was often given a complimentary meal as a token of appreciation for work they had completed to keep their local green area in good condition. When the residents required a new home to meet their needs, they were supported to find a new premises that was located in their local community. This promoted and maintained residents' links with their local community. Residents were very much involved throughout this process and Residents showed the inspectors how they were part of designing their home to their own tastes.

A third resident had moved into the designated centre, however this was an unsuccessful transition. Existing residents did not want to live with this person and were supported to make a complaint about this, and following an investigation into the complaint, it was identified that the new resident was not compatible with the residents due to their changing needs. This resident had been discharged from the designated centre before this inspection took place. This evidenced strong consultation and follow up by the registered provider.

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

The inspector found that there was a good level of oversight of care delivery in the designated centre. There were systems in place to ensure that the residents were supported in line with their assessed needs by a suitably qualified staff team.

The residents were supported by a consistent team of social care workers and care assistants. It was evident that the staffing levels were appropriate and in line with the assessed needs of residents and that staff were very responsive to the needs of residents. For example, residents were not attending day services because of the COVID-19 pandemic. Therefore, a staff member worked with the residents in their home during the day to ensure appropriate activities and stimulation was taking place. Residents were very complimentary of the staff that supported them in their home.

Oversight of the designated centre was maintained in a number of ways. The person in charge visited the centre on a regular basis. A daily report was completed by staff working each day, and this ensured they were informed of any issues or concerns in the centre. There was also evidence in records including fire safety checklists that the person in charge had been monitoring staff duties. All staff working in the centre reported to the person in charge.

Overall this centre was found to be well managed and was providing a very good service.

Regulation 15: Staffing

Residents were supported by a consistent team of social care workers and care assistants. Staff members were flexible and would often work additional hours to support residents to attend medical appointments. When the residents moved into their new home, senior management told the inspectors that staff members had worked hard to ensure the house was ready for residents to move into.

Residents did not attend day services at the time of this inspection because of the COVID-19 pandemic. Therefore, a staff member worked with the residents in their home during the day. Residents were supported by one staff member at all times. At night, staff members completed a sleepover shift and were available to the residents if they needed support.

The staff member on duty was found to have excellent knowledge of the residents and was observed to be professional, caring and supportive throughout the day.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in the designated centre. All staff reported directly to the person in charge. Daily reports were sent to the person in charge to ensure that they were informed of any issues or concerns. This ensured oversight of the centre was maintained.

Management systems were effectively monitored and ensured the provision of high quality and safe care. Residents were very well supported and enjoyed a very good service in this centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The residents moved to the designated centre as they needed a new home. Residents were supported as they moved into their new home and there was evidence of multi-disciplinary team meetings prior to the residents' admission. Residents were involved in the process of finding a new home. This included choosing the location of their home, and decorating it to reflect their individual preferences.

A contract had been developed to outline the supports they would receive in their home. This included the fees they were to be charged, and the supports they were to be provided in their home. Residents had signed their contracts.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were supported to make a complaint when they were not happy. When residents made a complaint, it was evident that they were listened to. A social worker had met with the residents so that they could speak about the reasons they were not happy. Following this, action was taken by the registered provider to address the residents' complaints. Residents told the inspectors that they were

happy that their complaints had been addressed.

Judgment: Compliant

Quality and safety

Residents received a good quality of care and support in their home. This had a positive impact on the promotion of residents' rights, and it was evident that residents were happy in their home.

On arrival to the designated centre, inspectors were requested to provide their temperature reading to staff members. There was evidence of regular temperature checks completed for both residents and staff members working in the designated centre. This designated centre had managed an outbreak of COVID-19. Staff members and residents spoke about their experience. One resident spoke about how well the staff members supported them when they were unwell, and staff said they felt supported during the outbreak. Inspectors found examples whereby staff went above and beyond the call of duty to support residents through the pandemic. There was clear evidence that effective guidance on the management of COVID-19 was easily accessible to staff and residents.

Residents had comprehensive assessments of their health, personal and social care needs in place. There was a record of all health appointments that residents attended documented in each resident's personal plan. One resident told the inspectors about their recent visit to hospital, and that they were glad to be home. A hospital passport was located in their files, which could be shared with acute healthcare professionals to outline the support residents would need in hospital. Another resident was having a medical follow up appointment facilitated on the day of inspection.

Regulation 13: General welfare and development

Residents were supported to engage in their local community. Residents spoke about going to local hotels and restaurants for meals or a drink. The day before the inspection, residents had been to a local hotel for their lunch. Residents showed the inspectors photographs of family events, celebrations and events that they attended.

Judgment: Compliant

Regulation 17: Premises

The designated centre was a bungalow located in an urban area. The residents' home was decorated to a high standard to reflect the residents' personal likes and preferences. Each resident had their own private bedroom which was decorated with personal items, photographs and artwork.

At the time of the inspection, the residents were decorating their home for Christmas. A Christmas tree was on display in the sitting room, and decorations were ready to be displayed throughout the house.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk register was available for the inspectors to review on the day of the inspection. This included details of the controls in place to manage a number of risks in the designated centre. This ensured that residents received a safe service in their home.

Judgment: Compliant

Regulation 27: Protection against infection

Measures had been adopted to protect residents from potential sources of infection. Personal protective equipment (PPE) including surgical face masks, gloves and hand sanitizer was available to staff and residents. All visitors to the centre were required to provide their temperature on arrival. Their attendance in the centre was recorded and retained for contact tracing if required.

This designated centre had managed an outbreak of COVID-19. Staff members and residents spoke about their experience. One resident spoke about how well the staff members supported them when they were unwell, and staff said they felt supported during the outbreak. There was evidence that effective guidance on the management of COVID-19 was easily accessible to staff and residents.

Judgment: Compliant

Regulation 28: Fire precautions

Emergency lighting, fire-fighting equipment and fire-resistant doors were evident on the day of the inspection. A fire alarm was available in the designated centre, which would indicate where in the designated centre a potential fire was located. An assembly point was located in an accessible location outside the centre.

Staff members on duty regularly checked fire safety systems in the centre including fire escapes and fire-doors to ensure they were working effectively. There was evidence that this practice was reviewed by the person in charge.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had a personal plan to guide staff members on the support that they required, in line with their assessed needs.

Goals had been developed for each resident. These were regularly reviewed to ensure that residents were supported to achieve their goals. For example, one resident's goal was to move to a bungalow in a specific location. This goal had been reached in line with the resident's wishes.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate healthcare in line with their assessed needs. They had access to allied healthcare professionals including dentists, speech and language therapists, opticians and chiropodists. These professionals were involved in the development of plans to outline how residents' healthcare needs could be met. For example, a speech and language therapist was involved in the development of swallow care plans for residents.

When one resident had a deterioration in their mental health, they were supported to access healthcare services.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse. Intimate care plans had

been developed to outline the supports that residents needed to meet their personal hygiene needs. Residents were found to be safe and well cared for. Staff training was provided in the area of safeguarding and any allegations/disclosures were found to be reported, recorded and followed up in line with safeguarding policy and national guidance.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with, and participated in the organisation of the designated centre. They were included in decisions about their care and support including their move to their new home. Throughout the inspection, when residents requested staff supports, these were provided in line with the wishes of residents.

Residents were supported to attend religious ceremonies in line with their religious beliefs. Staff members supported residents to attend their local church to attend religious ceremonies. This promoted residents' spirituality.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant