

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Parnell Place Residential Service
Centre ID:	OSV-0004117
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Rachael Thurlby
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 September 2016 09:15	20 September 2016 18:30
21 September 2016 09:00	21 September 2016 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was the second inspection of the centre by the Health Information and Quality Authority (HIQA) and was undertaken to inform the decision to register the centre. The first inspection of the centre was undertaken on 11 February 2016.

How we gathered our evidence:

Prior to the inspection the inspector reviewed the information submitted by the provider with the application for registration of the centre and other relevant information such as the previous inspection findings and submitted notifications.

Residents and family members were also requested on a voluntary basis to complete questionnaires to ascertain their experience of the quality of the supports and services provided in the centre. Completed questionnaires were received from all of the three residents and from their families. The inspector also met and spoke with all of the three residents over the two days of inspection.

The inspection was facilitated by the person in charge and the team leader who was also the nominated person participating in the management of the centre. The inspector also met with the area manager and the frontline staff on duty during the inspection.

Records including health and safety and fire safety, complaints, minutes of meetings, and resident and staff related records were reviewed and discussed with staff. The inspector observed staff and resident interactions and the manner in which supports and services were provided.

Description of the service:

The provider is required to produce a document called the statement of purpose that describes the centre and the services and supports provided. The inspector was satisfied that the statement of purpose was an accurate reflection of the centre.

Residential services are provided to a maximum of three residents. The residents presented with a range of diverse and individualised needs; supports were devised and delivered to meet the individuality of each resident.

Overall judgement of our findings:

The overall level of regulatory compliance evidenced was high; however, one major non-compliance was evidenced in relation to staffing. The provider had failed to ensure that staff were on duty at all times with the skills required to meet all of the needs of the residents. The person in charge confirmed that with immediate effect this failing would not reoccur. The provider had previously been issued with an immediate action plan in this regard in another designated centre.

Of the remaining 17 Outcomes the provider was judged to be compliant in sixteen and substantially compliant in one health and safety; a review was required of the scheduling of simulated fire drills to ensure that all possible scenarios were reflected.

The feedback received from residents and their families was positive. Residents were consulted with and their preferences were established by staff; there was evidence that these preferences were respected and realised where possible. What the inspector observed and what residents said happened was what was outlined in the support plan. Residents spoke of their interests and what they enjoyed, their overall wellbeing and the importance to them of maintaining family relationships. Residents said that they liked the location of the centre because of its proximity to services. Residents said that they had independence and while staff did provide a significant amount of support at times, this was obviously done in a manner that fostered for residents this sense of control and independence.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Based on her observations, conversation with residents and staff, and records seen, the inspector was satisfied that the centre was organised and supports were delivered in line with each resident's individual needs and expressed preferences.

The team leader said that structured residents meetings on a regular basis did not work for this particular group of residents as they did not readily engage with the process. Meetings were held approximately every two months. The inspector saw that resident consultation was facilitated through other forums including regular meetings with their key-worker and weekly discussions and agreement with staff of their daily and weekly planner.

The routines observed on inspection reflected respect by staff for the choices and decisions expressed by residents such as their preferred meals and mealtimes or their request for some rest and quiet time in the evening when they returned from the day service.

The inspector observed staff to facilitate changes made by residents to what had been originally planned and agreed.

Where a resident was assessed as independent in activities such as bathing and dressing this was respected. Residents could and did lock their bedroom doors. The inspector saw records of discussion and agreement between staff and residents in relation to staff access to their bedrooms. Residents were provided with a white-board version of the staff rota that staff were required to update daily so that residents always

knew when and which staff were on duty.

Residents had access to the provider's national advocacy service; the advocate had been invited to the centre in March 2016 to meet with the residents and explain her role to them.

Residents were facilitated to exercise their vote if this was their choice. Each resident's choice as to their religious beliefs and how and if they wished to express these was detailed in their support plan. It was evident that residents had an interest in social and local community issues and again were supported by staff to engage with these.

There were policies and procedures for the receipt and management of complaints. Staff maintained a log of complaints received and this indicated that the complaints process was accessible to both residents and their families. There was evidence that complaints or concerns were acted on; for example there was evidence that they were discussed at residents meetings. The person in charge said and all staff spoken with confirmed that changes had been made to staffing arrangements further to observations made on the gender balance of the staff rota at times. Staff spoken with were open and understanding of these observations and the changes made.

Residents were supported to be as independent as possible in their daily lives including in the management of their personal monies. Safeguards were in place such as supervision and advice, for example staff described how a resident would complete a purchase independently but staff would observe to ensure that the resident waited for their receipt and any monies owed to them. Staff did not engage in any undocumented activity with residents' monies and records of lodgements, receipts and balances were seen by the inspector.

Staff spoken with had a strong awareness of pending changes in capacity legislation and sought to incorporate these pending changes into the routines of the centre.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The inspector saw that all of the residents had good verbal communication ability and communicated effectively assistive or augmentative tools.

However, communication strategies were required to ensure that residents understood and that staff communicated what was required in a manner that did not cause any anxiety or distress for a resident. These strategies such as allowing sufficient time, the use of short sentence structures and following through on what was requested or promised in a timely manner were clearly detailed in a communication support plan.

The inspector saw that residents had good access to radio, television, print media, computers and the internet.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence that this centre was operated in close consultation with residents and their families. For example the inspector saw that the last HIQA inspection report and details of the action to be taken by the provider to address identified non-compliances were forwarded directly to families.

Throughout all of the records seen by the inspector there was evidence of open and transparent communication and the exchange of information so as to achieve the best outcomes for residents.

Families had meaningful input in to the review of the personal plan and their views and suggestions were seen to be respected.

Residents continued to have ongoing regular family contact including home leave; some had daily telephone contact.

The centre was located in direct proximity to all of the amenities available in a large city and this was one of the things that residents said they liked about the centre. Residents, either with or without staff supervision (based on their assessed needs) could walk to the local shops and restaurants and this was seen to be part of their daily routine.

Residents confirmed that they were supported by staff to participate in activities in local amenities such as swimming and to source work experience with local businesses.

The inspector saw and residents confirmed that supported by staff and their families residents continued to enjoy participating in events in their own local community such as shows and pantomimes.

Where residents had developed relationships with peers, perhaps through education or work experience and wished to maintain these relationships, this was incorporated into their personal plan.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were organisational policies and procedures in place for admission to and transfer and discharge from the service. It was evident that the admission procedure took due regard of the needs and wishes of all residents. All three residents were peers and had an established history prior to admission of sharing services.

Each resident and their family had been provided with an explicit contract for the provision of supports and services; the contract included details of any applicable fees.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector saw an up-to-date assessment of each resident's holistic needs completed by the team leader who was a registered nurse. Based on these assessed needs each resident had a plan that detailed their strengths, areas where they required staff support and their likes, dislikes and choices. The plans were detailed, personalised and respectful in the tone and language used.

There was documentary evidence that the plan was reviewed on a regular basis. The plans were seen to incorporate recommendations and instructions from members of the multidisciplinary team.

There was evidence that residents had input into their plan; some individual support plans were seen to be compiled by the resident themselves. Residents and their family as appropriate were on a regular basis, consulted with by staff as to the content and the effectiveness of the plan, what was working and what was not working; these consultations were recorded.

The support plan incorporated the process for establishing each resident's personal goals and objectives. There was strong documentary and photographic evidence of the resident's participation in this process and of collaborative working with the resident, their family and other stakeholders such as the day service. Timeframes, responsible persons and actions taken to progress and achieve each goal were clearly documented.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The premises was suited to its stated purpose and function; the premises was well maintained.

The premises was situated on a secure site in the centre of the city; other services provided by the provider such as the day service and other independent living arrangements were also based onsite.

Facilities were provided over three floors accessed by means of a stairwell; the inspector saw that residents were accommodated on the floor that met their assessed needs. Residents accommodated on the first and second floor were seen to negotiate the stairwell without difficulty.

Each resident was provided with their own bedroom. There was a bedroom and bathroom for resident use on each floor. Bedrooms were seen to offer sufficient space including space for personal storage. Sanitary facilities offered residents privacy and a choice of bath or shower.

Residents had access to two communal areas, one on the ground floor and one on the second floor.

The kitchen was adequately equipped and included sufficient dining space for the number of residents to be accommodated.

There was a separate utility area with facilities for completing personal laundry.

There was a compact but accessible external rear garden.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector saw an up-to-date safety statement and a risk management policy; the latter informed the identification of hazards, the assessment and management of risk and the management of any accidents, incidents and adverse events. Both documents and other relevant records were signed as read and understood by staff.

The person in charge maintained an up-to-date centre specific risk register. The register included a comprehensive range of environmental and work related risk assessments and the risks as specifically required by Regulation 26 (1) (c). Resident specific risk assessments were incorporated into the resident's support plan. Identified controls were seen to consider the balance between resident safety and the resident's right to independence and control.

There was a dynamic element to the process of risk assessment; for example the inspector saw risk assessments completed for the planning and completion of a holiday taken by a resident with staff in July 2016 and new activities such as swimming.

The inspector saw that the centre was serviced by an automated fire detection system, emergency lighting and fire fighting equipment. Certificates were in place for the inspection and testing of these fire safety measures at the prescribed intervals and most recently in July 2016 and January 2016 respectively. Staff also undertook and consistently recorded daily, weekly and monthly inspection of these fire safety measures. Identified deficits were recorded as were the remedial actions taken.

Fire action notices and a diagrammatic evacuation plan were prominently displayed.

Escape routes were seen to be clearly indicated and unobstructed.

Staff confirmed that they had completed fire safety training in February 2016.

Up-to-date personal emergency evacuation plans (PEEPS) were in place for each resident. There was documentary evidence that residents participated in simulated fire drills on a quarterly basis; adequate evacuation times were recorded.

However, the records seen indicated and staff spoken with confirmed that drills had not been completed to simulate all possible scenarios, that is maximum resident occupancy but minimum staffing levels.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were measures in place to protect residents from harm and abuse; these included organisational and national policies and procedures, designated persons, risk assessments, staff training, regular staff supervision and evidence of ongoing meaningful communication between staff and family members.

Staff said that there had been no incident of alleged, suspected or reported abuse in relation to these residents.

Training records seen indicated that all staff had attending education and training on safeguarding. Staff confirmed their attendance and articulated a sound understanding of what constituted abuse and their reporting responsibilities. Staff said that they would have no hesitation in approaching management if they had any concerns and said that management would be receptive and pro-active if such a concern was made.

The person in charge and the team leader told the inspector that they were assured that residents were safe in the centre as they were on-site daily and had daily contact with both residents and staff. The inspector saw that residents sought out staff, were comfortable with staff and that staff spoke and wrote respectfully of residents. Residents described the staff as "friendly" and said that they could talk openly to staff.

Residents did at times present with behaviours that had the potential to challenge or pose a risk to others. The inspector saw that support plans were in place for supporting residents to manage these behaviours; residents also had access to support from psychology and psychiatry as appropriate. There was documentary evidence that a referral had been made to behaviour support for a review of the behaviour support plans. Staff spoken with were attuned to triggers for behaviours and implemented strategies outlined in the plan, for example strategies to prevent and reduce anxiety.

Staff said and the inspector saw that staff maintained records of behaviour related incidents; these were monitored and the information from them was used to inform referrals and reviews.

From speaking with staff and from records seen there was evidence of awareness, discussion and reflection on what constituted or may constitute a restrictive practice. Where staff did employ techniques to manage actual and potential aggression this was recorded as was the technique used such as a supportive stance. However, the inspector did recommend that the planned review of the support plans should include greater specification of the techniques that could and should be used by staff.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Electronic and hard copy records of accidents, incidents and adverse events were maintained. Electronic input by staff alerted relevant stakeholders including the person in charge and the regional manager. It was evident from the records and from speaking with staff that the person in charge and the team leader monitored incidents and addressed them with staff at staff meetings and during staff supervision.

The inspector was satisfied that notifications submitted to HIQA reflected the log of incidents maintained in the centre.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Having spoken with staff and residents, and having reviewed relevant records such as the person-centred plan, there was evidence that residents' general welfare and development needs were integral to the daily operation of the centre. Residents presented with a broad range of varying needs that were met on an individualised basis.

Residents had accessed to structured day services Monday to Friday or staff developed a weekly planner of activities with residents. The inspector saw that the planner reflected what was discussed and agreed at the planning meeting.

Based on their assessed needs, skills and expressed preferences the inspector saw (and discussion with residents confirmed) that residents were supported to access a broad range of activities.

There was evidence of flexibility and respect for resident choice, for example where a resident chose to no longer attend a particular service or activity. Residents confirmed that they were supported by staff to access to work experience in the local community. There was evidence of discussion and agreement with residents to ensure good and informed decision-making.

There was evidence of a collaborative approach between staff, the resident, families and other stakeholders such as the day service that ensured a holistic approach and co-ordinated response so as to ensure the best possible outcomes for residents.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence that staff, residents and families worked together in supporting residents to maintain their health and well-being.

Staff confirmed that residents had access to their preferred General Practitioner (GP) and there was documentary evidence that staff facilitated medical review as often as was necessary.

As appropriate to their needs residents had access to other health care services including podiatry, neurology, psychiatry, dental review and the dietician. Records of referrals and reviews were maintained and recommendations were incorporated into the support plan. Based on her observations the inspector was satisfied that healthcare supports were delivered in line with these recommendations and the support plan.

Where family were the primary support for healthcare needs this arrangement was explicitly stated and there was evidence of regular discussion and consultation between staff and family to ensure that residents received continuity of care.

Staff spoken with and records seen reflected respect for residents' choices while supporting residents to make good and informed healthy living choices, for example in relation to diet and nutrition.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector saw policies and procedures governing the management of medicines. The practice described by staff was as outlined in these policies and procedures.

Medicines were supplied by a community pharmacy on an individual resident basis. Medicines were seen to be securely stored.

Each resident had a current signed and dated prescription and a corresponding administration record, a medication plan and a medicines administration protocol as necessary for specific medicines such as medicines required on a p.r.n. (a medicine taken as the need arises) basis.

Prescription records were current and legible, the maximum daily dosage of medicines prescribed on a p.r.n basis (a medicine taken as the need arises) was stated; discontinued medicines were signed as dated as such. The instructions of specific protocols concurred with the instructions of the prescription.

The medicines administration record completed by staff was seen to reflect the instructions of the prescription.

Systems were in place for reporting and managing medicines related incidents. The person in charge said that these were monitored to establish any patterns and any required remedial actions such as reducing activity in the office so as to prevent staff distraction at administration time.

The inspector saw that staff supported residents to participate in and control aspects of medicines related activities; this practice was supported and guided by a detailed assessment of resident capacity and willingness.

On a daily basis staff undertook and recorded other activities to safeguard medicines management practice. These included daily stock counts and balances, records of any medicines transported, and records of medicines returned to the pharmacist.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The statement of purpose was an accurate description of the centre and of the supports and services provided to residents. The statement of purpose was up-to-date and contained all of the information required by Schedule 1 of the regulations.

Judgment:
Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a clear management structure comprising the team leader, the person in charge and the area manager. All persons participating in the management of the centre

were clear on their respective roles, responsibilities and reporting relationships.

Frontline staff were clear on the management structure and described both the person in charge and the team leader as accessible on a daily basis, approachable, supportive and consistent in their guidance and direction. Staff confirmed that there was an identified shift leader on each shift.

The person in charge worked full-time. This was the only designated centre that the person in charge was responsible for but he had responsibility for the day service that was also based on site. The person in charge was satisfied that he had the capacity to effectively manage both services and had the required support in place in both services, that is, the team leader and a programme supervisor. The person in charge was suitably qualified and held both psychiatric and intellectual disability nursing qualifications. The person in charge had established experience of the delivery and management of services and supports.

The team leader was a registered psychiatric nurse and worked Monday to Friday and also at weekends. Both the person in charge and the team leader demonstrated sound knowledge of the regulations and regulatory requirements. It was clear from these inspection findings that the person in charge and the team leader were actively and consistently engaged in the governance, operational management and administration of the centre.

Staff spoken with confirmed that they had opportunity to discuss their role and the quality and safety of supports and services with management on a daily basis but also at staff meetings and through the formal process of staff supervision.

The provider operated an out-of-hours on call manager rota the details of which were available to all staff.

Arrangements were in place for the completion of the annual review and unannounced visits to the centre as required by Regulation 23 (1) and (2). The inspector reviewed the reports from both visits completed in February and June 2016 respectively. The findings of both reviews indicated that a high level of compliance was found on both occasions. The person in charge documented the progress of any required actions. The provider sought feedback from both residents and their families on an annual basis; records seen indicated a 100% response rate and positive feedback.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were suitable arrangements in place for the management of the centre for any proposed absence of the person in charge. The person in charge and the team leader told the inspector that they worked collaboratively so as to ensure that one of them was always available for the management of the centre.</p>
<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: These inspection findings indicated that the centre was adequately resourced to ensure the delivery of effective services and supports to residents. The person in charge and the area manager confirmed this.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i></p>
<p>Theme: Responsive Workforce</p>

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

While there was evidence of good practice, a major non-compliance was issued as the provider had failed to ensure that staff on duty at all times had the required skills to meet the assessed needs of residents.

The inspector was told, staff spoken with confirmed and the staff rota indicated that staffing numbers and arrangements were generally managed to reflect the number and assessed needs of the residents. For example the night-time staffing arrangement had changed to one waking staff from one sleepover staff to more adequately meet the needs of residents. Ordinarily there was one staff present in the house by day as two residents had structured off-site day services; staffing increased to two staff in the evening when all three residents were present in the house. The person in charge and the team leader were also based on site and available as necessary to both staff and residents. Staff, residents and family members surveyed confirmed the suitability of the staffing arrangements. The arrangements described were as observed by the inspector.

However, staffing arrangements had not always reflected the assessed needs of the residents. The person in charge and the team leader confirmed that a staff member without medicines administration training including the administration of medicine prescribed for use in an emergency situation had recently worked at night. It was possible that this emergency medicine may have been required. The required training was scheduled but had not been provided to the staff in a timely manner. Given the risk identified and the fact that the failing did not demonstrate transfer of learning and actions necessary to support consistent, good and safe practice the failing was judged to be a major non-compliance.

There was a reported low-turnover of staff and one regular relief staff member was employed. Two staff were due to leave the service shortly; there was a recruitment plan for their replacement. Staff had informed residents of the pending staff departure and the requirement to recruit new staff so as to prepare and equip residents to manage the change.

All staff spoken with articulated sound knowledge of residents and their required supports, of the provider's policies and procedures and the requirement to work within the regulations and standards.

Staff files were available for the purpose of inspection. While the sample reviewed was well presented they did not contain all of the information required by Schedule 2. There was one unexplained gap in an employment history and one file contained only one reference.

The team leader maintained up-to-date records for each staff member. The records indicated and staff spoken with confirmed their attendance at fire safety training, safeguarding training, training on responding to behaviours that challenged and manual handling. Additional completed relevant training included food safety, first aid, health

and safety and epilepsy awareness.

The inspector saw records of regular staff meetings and of formal staff supervision. Staff spoken with welcomed the supervision process and said that it was supportive, based on trust and facilitated learning and development for them.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records listed in part 6 of the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 were in place.

Records were seen to be well maintained, up-to-date and while secure, were retrieved with ease as requested by the inspector.

There was documentary evidence that the provider had appropriate insurance in place.

The provider had reviewed and updated many of its policies and procedures and the most recent version of policies was the version in use and available for inspection.

The residents' guide contained all of the required information and was available in a meaningful and accessible format as were other core documents such as the contract for the provision of services.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Parnell Place Residential Service
Centre ID:	OSV-0004117
Date of Inspection:	20 September 2016
Date of response:	25 October 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Fire drills had not been undertaken to simulate all possible scenarios.

1. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

Action Taken

A drill completed to simulate maximum resident occupancy but minimum staffing levels was completed on 10/10/16 following fire warden training for all staff.

Future Plan

Each quarterly evacuation drill will be planned to ensure a variety of situations to cover different scenarios including number of staff and time of day. Examples of scenarios have been inserted in the service safety file.

Proposed Timescale: 10/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff files did not contain all of the information required by Schedule 2.

2. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:

All information and documents missing at the time of inspection in relation to staff records is now in place

Proposed Timescale: 17/10/2016

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider had failed to ensure that staff on duty at all times had the required skills to meet the assessed needs of residents

3. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

Action Taken

The staff identified with the skills shortage has now received the required training
18/10/16

Future Plan

Appropriate skill mix will be maintained at all times and will take into account any new staff working in the service. New staff will receive appropriate training to enable them to work in the service prior to starting.

Proposed Timescale: 18/10/2016