



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

Issued by the Chief Inspector

Name of designated centre:	Parkside Residential Services Belfield
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	16 November 2020
Centre ID:	OSV-0005109
Fieldwork ID:	MON-0030669

About the designated centre

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

This centre comprises of three houses in close proximity to each other, on the outskirts of Waterford city. The centre is close to local amenities such as pharmacies, shops, pubs and churches and transport is available to get into the city centre or to the nearby coast easily. Additionally there are good local transport links close to the centre. All of the houses are two storied with one detached and two semi-detached, and they each have private gardens. This centre can provide a home for eight residents but currently seven individuals live here. Residents in this centre are supported on a 24 hours a day basis, all year round by a staff team consisting of a social care workers and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

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 16 November 2020	10:00hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This inspection took place in the middle of the COVID-19 pandemic and as such the inspector adhered to national infection prevention and control guidance. Review of all relevant and requested documentation took place in the providers offices with the inspector visiting one of the three houses that make up this centre towards the end of the inspection.

In one of the houses the resident who lived there had expressed a wish not to meet with the inspector and this was respected and the house was not visited.

In the house visited, the inspector met with all three residents who lived there. Each of the three residents had had busy days and were at home relaxing across two living rooms both with the television on. One resident while greeting the inspector and welcoming them stated they would prefer to talk another day as they were tired and were watching television. Two residents were together in one living room and the other had their own space. The residents had been out over the day and some of the day staff who had been supporting them were leaving and were observed to say goodbye to residents and explain when they would be returning again.

Residents were observed to be relaxed, comfortable and enjoyed the company of the staff members present. A small computer station was tucked under the stairs and while staff were using it to complete daily records it was explained that it was in the hall as residents liked to use it on occasion.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were striving to ensure a good quality and safe service for residents. However, a significant incident had occurred prior to the inspection where the provider took immediate steps following this resulting in one resident moving from their home to live in another of the providers centres. The inspector raised concerns with the provider on the day and in a subsequent telephone call that the negative peer to peer interactions relating to the compatibility of residents over time had not been recognised as safeguarding concerns. Therefore, the necessary changes to ensure that all residents were appropriately supported in the centre had not been implemented by the provider in a timely manner ensuring residents were safeguarded at all times.

The centre had a clearly defined management structure in place consisting of an experienced person in charge who worked on a full time basis in the organisation. The person in charge has responsibility for three centres and while it was

acknowledged that the person in charge is known to all residents in the centre and was very familiar with their up-to-date care and support needs their remit is large. The staff team reported to the person in charge who in turn reported to the service manager.

Systems were also in place to ensure the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Action plans had been developed in order to ensure improvements arising from the auditing process were addressed in a reasonable time frame. The person in charge completes spot visits to all houses although as a result of the COVID-19 pandemic some of these were completed remotely with liaison with staff teams by phone.

However, as stated above the auditing process had not identified a specific safeguarding and rights based issue in the centre that was impacting adversely (at times) on the quality of life of four residents. This issue had been on-going and was noted in a number of complaints from the residents and their families. It was observed that the person in charge and service manager had addressed these concerns as complaints and had begun to consider a process of transition for one resident. In addition, the provider had deployed another staff member to the centre over recent months. However, these measures had not been adequate in addressing the issue and it had culminated in a serious safeguarding incident.

There was sufficient staff in place to meet the residents needs at the time of this inspection. Day service staff from the wider organisation had also been deployed to ensure that sufficient staff supports were in place throughout the day, as residents were unable to attend their day services to the same extent as previously due to the current public health crisis. Continuity of care was particularly important to a number of residents in line with their needs. Rosters for all three houses were reviewed and staff personnel files also reviewed indicated that all information as required in Schedule 2 of the regulations were in place.

Staff were provided for the most part with relevant training to assist them in supporting residents. Training provided included, safeguarding of vulnerable adults, fire training, manual handling, positive behavioural support, basic life support, the safe administration of medication and infection prevention and control. However, a small number of staff had not completed refresher training in areas such as management of behaviour that is challenging and safeguarding although these had been scheduled for completion in the next few months. The training records viewed also indicated that all staff members had completed training in infection control and in donning and doffing of personal protective equipment (PPE) in addition to hand hygiene. Staff were in receipt of formal supervision by the person in charge and there was a schedule in place to ensure all staff will have been met with by year end as per the providers policy.

The residents and their representatives were encouraged and supported to raise complaints if they choose to do so, and arrangements were in place for any complaints to be resolved locally where possible. On the day of inspection the complaints log was reviewed by the inspector and the provider had clear procedures

relating to complaints. The inspector noted that numerous complaints on the same matter relating to staff consistency had been received and it was unclear from the documentation reviewed whether each complaint had been resolved to the satisfaction of the complainant as the same matter reappeared over a six month period. The inspector acknowledged this matter is no longer a concern and appears to have been resolved. Additionally, one of the residents involved in the negative peer to peer engagement was noted to have complained about their peer and a family member had also formally complained in September 2020 which had prompted the provider to consider the compatibility of the residents and to initiate consideration of a transfer for one of them.

Registration Regulation 5: Application for registration or renewal of registration

All documents were submitted as required by regulation. While some required amending such as the centre floor plans, this was completed immediately post inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The inspectors found that there was a person in charge in the centre, with significant experience of working in and managing services for people with disabilities. The person in charge had been appointed over three centres and it was acknowledged this remit was large and requires continuous review.

They were also aware of their responsibilities under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents. The staff files reviewed contained all documentation as required by the regulations in Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided for the most part with relevant training to assist them in supporting residents. Training provided included, safeguarding of vulnerable adults, fire training, manual handling, positive behavioural support, basic life support, the safe administration of medication (where required) and infection control. However, some staff had not completed refresher training in areas such as management of behaviour that is challenging and safeguarding although these had been scheduled for completion in the next few months.

Staff were in receipt of formal support and supervision as per the providers policy and those that were outstanding for 2020 had been scheduled for completion before the end of the year.

Judgment: Substantially compliant

Regulation 22: Insurance

There was written confirmation of insurance cover which included details of insurance against risks in the centre including accidents or injuries to residents.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place consisting of a person in charge and service manager.

The provider and person in charge had also taken the necessary steps in relation to the governance and management of the centre in preparation for a possible outbreak of COVID-19. The inspector was also satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis.

However, the auditing process required review as an ongoing issue adversely impacting on the quality of life of residents had not been addressed adequately, despite being identified and actioned.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of their remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were policies, procedures and systems in place to report, manage and respond to a complaint arising in the centre. Residents were aware of how to make a complaint and information on independent advocacy support form part of the service provide.

However, (and as already discussed) a number of complaints had been made by family members and residents over the last year regarding staff continuity and peer to peer behaviour. While management had made concerted efforts to address these complaints, some had not been addressed adequately and while a complaints log was maintained there was no evidence of complaints being dealt with in a timely effective manner recorded.

Judgment: Substantially compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored as required by the regulations and residents' complex needs were being comprehensively provided for. However, as stated above ongoing compatibility issues between residents had resulted in a number of safeguarding issues which had not been adequately addressed. These issues had impacted adversely on residents rights and quality of life. However, on the day of inspection following the move of one resident to another centre this was no longer a situation of concern in this centre.

At the time of this inspection, access to the community was restricted for residents due to the current COVID-19 pandemic. However, residents were supported to go for walks or drives should they wish and the provider has ensured that specific staff were available for the residents to continue with some, albeit reduced day activities. While restrictions remained in place due to COVID-19, links and regular

communication with family and friends was being maintained and supported via telephone and video calls.

Residents were also supported to enjoy best possible mental health and, where required, had access to psychiatry and behavioural support. Residents who required them had a positive behavioural support plan in place and it was also observed that staff had the skills required to support residents in a professional and calm manner if or when required. For specific patterns of behaviour that may present there were detailed protocols in place to guide staff. Written staff handover records were reviewed by the person in charge and behaviourist and where these raised concerns the matter was raised for discussion with a multidisciplinary team. A number of restrictive practices were in place in the centre and the inspector observed that some had been removed following review when a resident had moved from the centre. As an outcome of positive changes for one resident such as increased independence in their home and a new money management protocol some new restrictive practices had evolved. These included for example, removing food that may be a risk. As these practices had just evolved they had not yet been formally reviewed or added to the restrictive practice register. The provider and person in charge were aware of them and were reviewing the situation as these activities were new.

The provider had policies and procedures in place to keep residents safe. The inspector met with the designated officer and reviewed all safeguarding plans that had been in place in the centre and found them to be detailed and considered. However, engagement between two residents on an ongoing basis had impacted adversely on the other residents in one house and on the two residents themselves. While the designated officer and provider felt that the peer to peer incidents in their totality had not reached the threshold for abuse, each incident in and of itself constituted a peer to peer abusive engagement. The cumulative effect was seen in the increased restrictive measures and additional staffing levels that the provider had put in place in an effort to manage the issue. The lack of recognition of these on going events as abusive interaction had resulted in them becoming an accepted form of engagement between the residents.

As already stated following a significant incident between two residents one has now moved to a new home in another of the providers centres. While this move was undertaken at short notice the inspector acknowledged that consideration for a possible move had already been considered by the provider. In addition, the provider and person in charge ensured that the residents wishes were at all times central in the decision making and they followed the providers transition processes. The resident spent a number of days in a local hotel supported by staff giving them time to consider the move and to take a few days to gradually meet their new house mates and to move their belongings in a considered manner. A number of meetings were held with all residents and their representatives and the provider ensured that the resident had an opportunity to meet with the psychologist for support as required.

Residents were protected by policies, procedures and practices relating to health and safety and risk management. There was a system for keeping residents safe

while responding to emergencies. There was a risk register which was reviewed regularly by the person in charge and service manager. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary. However, the inspector discussed with the person in charge on the day of inspection that in relation to the increased periods of independence for one resident in their home a number of potential risks were present that required consideration such as opening the door to a stranger. There were also systems to identify, record, investigate and learn from adverse events in the centre.

There were suitable arrangements to detect, contain and extinguish fires in the centre. Works had been completed in relation to fire containment since the last inspection. Suitable equipment was available and there was evidence that it maintained and regularly serviced. Each resident had a personal emergency evacuation procedure. Fire procedures were available in an accessible format. Staff had completed fire training and fire drills and fire walks were occurring.

The registered provider and person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of Covid-19 to residents and staff working in the centre. The premises were observed to be clean, there was sufficient access to hand sanitising gels and hand-washing facilities and all staff had adequate access to a range of personal protective equipment (PPE) as required. All staff had received training in this area. The infection control policy had been updated to include a guidance document to prevent/ manage an outbreak of COVID-19. Staff were clear about the measures in place to prevent an outbreak. There were a number of social stories and easy read documents in place to support resident learning. Staff temperatures were also taken prior to commencing work.

Regulation 25: Temporary absence, transition and discharge of residents

While the discharge of a resident from this centre and transition to another centre was completed quickly following a serious incident, the provider and person in charge had ensured that the resident was supplied with choice and a period of time to make a decision. They were provided with support relating to the decision and the process of transition.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage risks in the centre; however, newly

identified risks had not yet been addressed within individualised and/or centre risk register.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The person in charge, provider representative and director of care and support had taken steps in relation to infection control in preparation for a possible outbreak of COVID-19. The infection control policy had been updated to include up to date guidance on how to prevent and manage an outbreak of COVID-19 in the centre.

The person in charge ensured regular cleaning of the premises, sufficient personal protective equipment was available at all times and staff had adequate access to hand-washing facilities and or hand sanitising gels. Mechanisms were in place to monitor staff and residents for any signs of infection.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. Works had been completed in relation to fire containment in the centre since the last inspection. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training and fire drills were held regularly. Residents' personal evacuation plans were reviewed regularly.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to enjoy the best possible mental health and, where required, had access to psychology and or psychiatry support. Where required, residents had a positive behavioural support plan in place and it was also observed that staff had training in positive behavioural support techniques.

There were a number of restrictive practices in place to promote the safety of residents however a number of new practices had not yet been formally reviewed or

added to the restrictive practice register.

Judgment: Substantially compliant

Regulation 8: Protection

The systems in place to ensure all residents were adequately safeguarded at all times in the centre required review. Where a peer to peer abusive engagement had occurred it had not been recognised as a such and the lack of recognition of these on going events as abusive interactions had resulted in them becoming an accepted form of engagement between the residents.

Judgment: Not 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Parkside Residential Services Belfield OSV-0005109

Inspection ID: MON-0030669

Date of inspection: 16/11/2020

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A staff supervision schedule is in place to ensure that those requiring same in 2020 will be completed.</p> <p>All staff will be booked in for refresher training as it is made available.</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> <p>An analysis of accidents, incidents of Challenging behavior, complaints, medication errors and restrictive practices takes place each quarter.</p> <p>The learning from the specific case referenced will be taken on board.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints	

<p>procedure: An analysis of complaints is conducted quarterly. The learning from the specific case referenced will be taken on board. If a complaint appears to be unresolved or ongoing the PIC will raise at Multi-Disciplinary meeting for discussion and to identify actions to help address and close the complaint.</p> <p>A column has been added to the Analysis document to state whether or not the complaint is closed and if complainant satisfied with outcome.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Additional risks identified and suggested by the inspector on the day of the inspection in relation to safety in the home when home alone will be discussed at team meeting and risk assessed and added to risk register.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Additional restrictive practices identified and suggested by the inspector on the day of the inspection in relation to new money management protocol and safety in the home when home alone will be discussed at team meeting and actioned accordingly.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The learning from the specific case referenced will be taken on board.</p> <p>There are systems in place to pass on information to the person in charge and behaviorist daily through a written handover which will include updates specifically on</p>	

peer to peer incidents.

The information in the handover is then used to communicate with Multi-Disciplinary team every Monday and Thursday or ad hoc if required. This allows each incident to be discussed as a team and plan the appropriate action or interventions to protect all involved.

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.	Substantially Compliant	Yellow	30/06/2021
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	31/12/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	31/12/2020

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/12/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/12/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/12/2020