Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Parknasilla
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	12 July 2018
Centre ID:	OSV-0001691
Fieldwork ID:	MON-0021598

About the designated centre

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

This is a centre providing residential services to nine adults with disabilities (both male and female). It is located in Co. Wicklow and in walking distance to a large town which provides access to a range of community based amenities to include hotels, restaurants, pubs, parks, shops and shopping centres. The centre comprises of two large houses on the same street and each resident has their own individual bedroom which are decorated to their individual style and preference. Communal facilities are provided to include a kitchen cum dining room, sitting rooms, visitors room and a TV room. The centre is staffed with an experienced and qualified person in charge. He is supported in his role by a team of qualified social care workers. Residents are also supported to experience best possible health and have as required access a range allied health care professionals to include GP and clinical services.

The following information outlines some additional data on this centre.

Current registration end date:	06/09/2018
Number of residents on the date of inspection:	9

How we inspect

To prepare for this inspection the inspector or 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
12 July 2018	09:30hrs to 18:00hrs	Raymond Lynch	Lead
12 July 2018	09:30hrs to 18:00hrs	Paul McDermott	Support

Views of people who use the service

The inspectors met and spoke with four of the residents who lived in this centre. Residents reported that they liked living there, were happy with their rooms, had a range of social and learning activities to engage in and got on well with staff. They also informed the inspectors that they could talk to any staff member at any time about any issue they may have.

Written feedback on the service was also very positive. Residents reported that they were very satisfied with the service, they felt their privacy and dignity was respected, they felt safe living there and got on well with all staff members. Residents also had access to independent advocacy services where required and reported that they were satisfied with how complaints were being managed.

Overall, verbal and written feedback on this service from the residents was very positive and complimentary.

Capacity and capability

Overall, from speaking with residents, person in charge and staff members during the course of this inspection, the inspectors were assured that the centre was meeting the assessed needs of the residents. Residents also reported that they were very happy with their living arrangements and appeared happy and content in their home. However, serious issues were identified with the overall governance and management arrangements in place. Despite previous HIQA inspections and internal audits identifying non compliance with fire regulations as far back as February 2017, these issued had not been addressed at the time of this inspection 15 months later.

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. While some of the actions arising from these audits were being addressed at local level by the person in charge and his staff team, other actions requiring input and support at organisational level were not being addressed.

For example, a six monthly audit carried out on 13.03.18 identified that there were issues with some aspects of the upkeep and maintenance of the centre and that fire doors were not compliant with regulations. A previous inspection by HIQA in February 2017 also identified the issue pertaining to fire doors being not compliant. However, these issues had not addressed at the time of this inspection and there was no evidence of a plan or a time line as to when they would be addressed.

Residents appeared happy and content in this centre and for most part the provider had put appropriate supports and resources in place to meet their assessed needs. However, the systems of governance and management required review as some important actions arising from the auditing and monitoring of the centre were not being addressed in a timely manner.

The centre had a local management structure which was responsive to residents' needs and feedback. This included an experienced person in charge who worked on a full time basis in the service. He was supported in his role by a team of qualified social care professionals.

The person in charge was a skilled and qualified health care professional who provided leadership and support to his team. He ensured that the resources available to him were channelled appropriately so as the assessed needs of the residents were being met. He also ensured staff were appropriately qualified, adequately trained, supervised and supported in their role and had the required skills to provide for the individual needs of each resident.

Of the staff spoken with the inspectors were assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications and all had undertaken a suite of in-service training courses to include safeguarding, fire training, manual handling, safe administration of medication and basic lifesaving skills. This ensured they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

There were systems in place to ensure that the residents' voice was heard and respected in the centre and where required, residents has access to external advocacy services. There were also systems in place to support a resident make a complaint if they so wished. Where a complaint was made, it was logged and acted upon in a timely manner by the person in charge and/or a staff member.

Registration Regulation 5: Application for registration or renewal of registration

A complete application for the renewal of registration of the centre was received by HIQA in a timely manner

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found that there was a full time person in charge in the centre, who

was a qualified and experienced professional with significant experience of working in and managing services for people with disabilities.

He was also aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

He provided good supervision and support to her staff team and knew the needs of each individual resident at an intimate level. He was also found to be responsive to the regulatory and inspection process.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspectors were satisfied that there were adequate staff numbers with the appropriate skill mix in place to meet the assessed needs of residents.

Staff were also supervised on an appropriate basis and it was found that the supervision was supportive in ensuring staff had the appropriate skills and support to undertake their duties effectively.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service to the residents. Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication, Positive Behavioural Support and manual handling.
From speaking with two staff members over the course of this inspection, the inspectors were assured they had the skills and knowledge necessary to support the residents and meet their assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

While the quality of care and experience of the residents was being monitored and evaluated at local level, the systems in place for the overall monitoring and

oversight of the centre at organisational level were ineffective.

Actions and non compliance pertaining to fire safety and maintenance issues had been identified as far back as February 2017 and again in March 2018 however, the entity had failed to address these issues by the time of this inspection.

Judgment: Not compliant

Regulation 3: Statement of purpose

The inspectors were satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

Regulation 30: Volunteers

The centre availed of a number of student placements and volunteers. The inspectors viewed the policy on volunteers and saw that there were provisions to ensure they were vetted appropriately and adequately supervised by the person in charge.

Judgment: Compliant

Regulation 31: Notification of incidents

Some incidents occurring in the centre has not been notified to HIQA. When this was brought to the person in charges attention he assured inspectors that this issue would be addressed immediately.

Judgment: Substantially compliant

Regulation 32: Notification of periods when the person in charge is absent

The person in charge was aware of his legal responsibility to inform HIQA if he were to be absent for more than a 28 day period.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors reviewed the complaints procedures and found that they met the requirements of the Regulations. In addition the complaints procedures were available to residents in the centre.

There was system in place for logging, recording and addressing complaints. From reading a small sample of documentation, the inspectors could see that complaints were being responded to appropriately in the centre.

It was also observed that residents had access to external advocacy services if and when required.

Judgment: Compliant

Quality and safety

Residents were being supported to live meaningful and active lives in their community and their health, emotional and social care needs were being supported and provided for. However, the systems in place for monitoring the quality and safety of care being provided required review. Issues were also identified with some aspects of how risk was being managed and fire safety.

The individual social care needs of residents were being supported and facilitated. From viewing a small sample of files, inspectors saw that residents were being supported to achieve social care goals and to maintain links with their families and community. Residents were also supported to frequent their local community and access local bars, shops, restaurants and hotels.

The health care needs of the residents was being provided for. Regular and as required access to a range of allied health care professionals formed part of the service provided and inspectors saw that residents had regular access to a GP, dentist, chiropodist and a range of other allied healthcare professionals. This

ensured that residents enjoyed best possible health.

Residents mental health needs were also provided for and where required they had access to psychiatry support. Staff had training in positive behavioural support techniques so as they had the skills required to support residents in a professional and calm manner if or when required.

Of the residents spoken with they reported that they felt safe in the centre and it was observed that any adverse incident occurring was being recorded and managed in a timely manner. Staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they knew knew the needs of the residents very well and would report any concern to the person in charge.

There were systems in place to manage and mitigate risk. The centre had a risk register and each resident had individual risk assessments on file. In part, risk was being managed appropriately in the centre. For example, where a resident may be at risk in the community, appropriate staffing support was provided. This ensured that the resident remained connected to their community and could engage in regular social activities.

However, some risk assessments required review as they were not adequately descriptive of some of the measures in place to keep residents safe. It was also observed that one risk assessment required a resident with mobility issues to have access to grip bars in their environment. While these supports were provided within the house, there were none provided in the immediate external environment. This meant the resident had to navigate steps into and out of the house without the support of grip bars. This was of concern to the inspectors as this resident had a number of recent falls, some which required medical attention. The patio area to the front of the house was also difficult for this resident to navigate as it was on a slope and uneven.

There were systems in place to ensure all fire fighting equipment was serviced annually and the centre had a fire alarm in place as well as smoke detectors and emergency lighting. However, the doors were not compliant with the requirements of legislation and this was brought to the attention of the centre by HIQA in February 2017 and again by the internal auditors in March 2018. This issue had not been addressed by the time of this inspection.

Some parts of the premises also required modernisation. For example, in one kitchen the counter tops and kitchen presses required replacing and some of the carpeting required cleaning. Some of these issues had also been brought to the attention of the centre by the internal auditing system in March 2018 however, they had not been addressed at the time of this inspection.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. Residents were supported to independently look after their own medication where they wised to do so. All residents had undertaken a self administration of medication assessment and where required, staff provided support

to some residents with their medication. p.r.n. (as required) medicine, where in use was kept under review and there were strict protocols in place for its administration.

Overall residents reported to the inspector that there were very happy with the service provided and their health and social care needs were being adequately provided for. However, issues were found with regard to some aspects of how risk was being managed and the arrangements in place for the management of fire required attention.

Regulation 17: Premises

While residents reported that they were happy living in this house, some parts of it required updating and refurbishment. One of the kitchen required replacing and some of the carpeting required deep cleaning.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Some aspects of risk were being managed adequately however, some risk assessments required review and updating. It was also observed that a resident who was prone to falling did not have adequate grip rails (as required in their risk assessment) in their immediate external environment.

Judgment: Not compliant

Regulation 28: Fire precautions

The systems in place were not adequate for the appropriate containment of a fire as the fire doors in place were not compliant with the requirements of legislation.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors found that the medication management policies and procedures were

satisfactory and safe.

The medication policy gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. Staff spoken with were also able to inform the inspectors on how to manage medication errors should one occur to include the reporting procedures and who to contact.

All medicines were securely stored in a secured unit in the centre and any staff member who administered medication was trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were policies and procedures in place on the individualised planning process. Residents were being supported to achieve personal and social goals and it was observed that there was both family and multi-disciplinary input into resident's person plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing and had access to a range of community based facilities such as pubs, restaurants, hotels, shops and parks.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that residents health needs were being provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular to GP services, their medication requirements were being regularly reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspectors were satisfied that the residents had access to emotional and behavioural support for the management of behaviours of concern. Where required, residents had access to a psychiatrist and staff had received specific training in positive behavioural support.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Parknasilla OSV-0001691

Inspection ID: MON-0021598

Date of inspection: 12/07/2018

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 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Fire door non compliances: The CEO has given an instruction to the facilities manager to commence the tendering process. Tenders will be issued on August 27th and the process takes 4 weeks.

Tender Process Review: Tenders will be evaluated, and a contractor appointed by 24th Sept.

Projected manufacturing time as many of the doors are custom sized is 16 weeks

Installation & Completion of all fire doors and frames:

Delivery date: Feb 4th 2019.

Works completion: Installation & Completion of all fire doors and frames. Feb 18th 2019.

External patio challenges: The Senior Manager responsible for Facilities will write to the Management company responsible for Parknasilla location seeking permission to address the difficulties with the patio area. 31st Aug 2018.

Absence of grip bars externally: Grab rails /grip bars will be installed at the external entrance to the location to aid a client with mobility challenges : 30th Sept 2018.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The staff team have been informed on the 18th July 2018 that HIQA (NF03) are to be notified if any resident requires any medical attention or hospitalisation.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The carpeting will be replaced in the centre by Oct 31st 2018.
The kitchen will be repaired and the counter and missing doors will be replaced by Oct 31st 2018.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

We will update and review all risk assessments by Sept 28th 2018.
Install handrails to the external environment of the centre to meet the needs of the residents by Sept 30th 2018.
External patio challenges: The Senior Manager responsible for Facilities will write to the Management company responsible for grounds in the Parknasilla location seeking permission to address the difficulties with the patio area. 31st Aug 2018.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire door non compliances: The CEO has given an instruction to the facilities manager to commence the tendering process. Tenders will be issued on August 27th and the process takes 4 weeks.

Tender Process Review: Tenders will be evaluated, and a contractor appointed by 24th Sept.

Projected manufacturing time as many of the doors are custom sized is 16 weeks

Installation & Completion of all fire doors and frames:

Delivery date: Feb 4th 2019.

Works completion: Installation & Completion of all fire doors and frames. Feb 18th 2019.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31st Oct 2018
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.	Not Compliant	Orange	18th Feb 2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of	Not Compliant	Orange	30th Sept 2018 31st Aug 2018

	Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	18th Feb 2019..
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Substantially Compliant	Yellow	18th July 2018.