



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

## Issued by the Chief Inspector

Name of designated centre:	Parkview House
Name of provider:	St Michael's House
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	10 September 2020
Centre ID:	OSV-0002406
Fieldwork ID:	MON-0026466

## About the designated centre

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

Parkview House is a designated centre operated by St. Michael's House, an organisation providing services to people with an intellectual disability. Parkview House aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives. The centre provides residential services for four individuals with intellectual and physical disabilities. Regular respite is also provided every second weekend to one service user. The centre consists of a five bedroom bungalow with a separate building on site used as a multipurpose activities room for residents and comprises the separate visitors area. There is a kitchen and dining area which is fully accessible to all residents. There is also a separate sitting room and sun room for individual activities. Parkview House is managed by a Social Care Leader and the staff team comprise of one nurse and social care workers. The centre is supported by a multi-disciplinary team. Access to a psychologist, psychiatrist, social worker, medical officers, occupational therapists, physiotherapist, speech and language therapist, dieticians and specialist nurse supports are available on a referral basis. Parkview House has a mini-bus which is used to transport residents to and from outings and activities of their choice.

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

Number of residents on the date of inspection:	4
--	---

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
Thursday 10 September 2020	10:20hrs to 16:25hrs	Andrew Mooney	Lead

## What residents told us and what inspectors observed

In line with public health guidance and residents' assessed needs, the inspector did not spend extended periods with residents. However, the inspector did have the opportunity to meet all four residents and briefly engage with them during the inspection.

Residents told the inspector they were very happy in their home. Two residents sat with the inspector and showed them items that were important to them. This included picture albums that reflected important life events such as holidays and attendance at concerts. Residents told the inspector about things they like to do, such as baking and making soup. Residents also told the inspector that they were very well supported by staff during the COVID-19 pandemic. Residents appeared very comfortable in each other's company and appeared to know staff very well.

The inspector observed that the centre was very homely and this was important to residents. The inspector also observed that the large external back garden within the centre had been beautifully landscaped. The person in charge told the inspector this had been funded through significant family and staff fundraising. This amenity had positively impacted residents' quality of life, particularly during the COVID-19 pandemic.

## Capacity and capability

The governance and management arrangements within the centre ensured appropriate resources were available to operate a safe service. However, improvements in the notification of key incidents were required.

There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge conducted appropriate audits and the provider had ensured that an unannounced visit to the centre was completed every six months. Where areas for improvement were identified within these audits, plans were put in place to address them. This illustrated that the provider had the capacity to self-identify and address issues in a timely manner.

Staffing arrangements at the centre were appropriate to meet the needs of residents and reflected what was outlined in the statement of purpose. From a review of the

roster it was evident that there was also an appropriate skill mix of staff employed at the centre. The person in charge had ensured that there was both a planned and actual roster which was maintained. Staff spoken with were knowledgeable and informed of key areas such as residents' needs, safeguarding and infection prevention and control. The inspector observed staff supporting residents in a caring and dignified manner throughout the inspection.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, infection control, fire safety and manual handling. The person in charge maintained a register of what training was completed and what was due. This training enabled staff to provide evidence based care and enabled them to support residents with their assessed needs. A review of supervision records noted that staff were supervised and these records detailed a high level of staffing support.

From a review of incidents and key events within the centre, the inspectors noted that the person in charge had ensured that the Chief Inspector was notified of most incidents as per the regulations. However, on one occasion a notification was made outside the prescribed 3 day time frame. Additionally, not all restrictive practices implemented within the centre had been notified quarterly as required.

### Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

The person in charge maintained an actual and planned roster.

Judgment: Compliant

### Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date , evidence-based practice.

Staff were supervised appropriate to their role.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was safe, appropriate to residents needs, consistent and effectively monitored.

Judgment: Compliant

### Regulation 31: Notification of incidents

Not all 3 day notifications had been notified within 3 days.

Not all all restrictive practices were notified as required by the Regulations.

Judgment: Not compliant

### Quality and safety

There were systems and procedures in place to protect residents, promote their welfare and recognise and effectively manage the service when things went wrong. However, some further improvements in fire containment measures were required.

The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. There were hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. The provider had ensured adherence to standard precautions and there were ample supplies of personal protective equipment (PPE). There were clear arrangements in place to protect residents and staff from acquiring or transmitting COVID-19. The provider had developed training resources and a dedicated response team to support the implementation of public guidance. During the inspection, the inspector observed staff engaging in social distancing and wearing appropriate PPE.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were supported to access and be part of their community in line with their preferences. Residents were assisted in finding activities to enrich their lives and maximise their strengths and abilities. Residents told the inspector they loved to travel and unfortunately this had to be curtailed due to the COVID-19 pandemic. Residents' showed the inspector pictures of their previous holidays and it was clear they cherished these memories.

Residents' health care needs were well supported. Residents had access to a general practitioner (GP) of their choice and other relevant allied health care professionals where needed. During times of illness, residents' health needs were appropriately supported in consultation with their GP, hospital consultants and other appropriate multi-disciplinary team members, such as speech and language therapists, occupational therapists and psychologists. However, some reviews were delayed as a consequence of the COVID-19 pandemic. The person in charge was aware of these outstanding reviews and had made arrangements for them to be rescheduled. There was appropriate guidance available to staff to support residents with their health care needs and staff demonstrated a comprehensive understanding of residents' needs. This resulted in residents' health being well supported.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Safeguarding plans were developed and safeguards put in place as required. Allegations or suspicions of abuse were reported and escalated in line with requirements of the organisation's and national policy. Staff who spoke with the inspector were knowledgeable in relation to their responsibilities in the event of a suspicion or allegation. Residents also had intimate care plans developed as required which clearly outlined their wishes and preferences.

There was a risk management policy in place which outlined the measures and actions in place to control risk. There were systems in place for the assessment, management and ongoing review of risk; the person in charge maintained a risk register that accurately reflected the known risks in the centre and there were records of incidents and accidents that occurred. The person in charge had ensured that risks pertaining to residents were identified and that there were appropriate control measures in place.

The provider had ensured that there were good fire safety measures in place, including a fire detection and alarm system, fire fighting equipment and fire doors throughout. There were personal evacuation plans in place for all residents and staff understood what to do in the event of a fire.

The provider had self identified that further fire containment measures were required and this included the installation of automatic fire closing mechanisms throughout the centre. The kitchen door had been upgraded with a self closing mechanism but the remaining self closing mechanisms had not been installed due to the COVID-19 pandemic. While these works were still necessary the provider had reduced some of the risk associated with not completing these upgrades by ensuring there was walking staff on duty 24 hours a day and all fire doors within the centre were kept closed. The person in charge noted these upgrades were scheduled to be completed as part of a planned organisational fire safety improvement plan.

## Regulation 17: Premises



The premises meets the needs of all residents and the design and layout promotes residents' safety, dignity, independence and well being. The centre was warm, inviting and homely.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was an appropriate system in place for the assessment, management and review of risk within the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The prevention and control of health care related infections was effectively and efficiently governed and managed. Staff were observed to maintain social distancing and demonstrated good hand hygiene during the course of the inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required. Staff were suitably trained and knew what to do in the event of a fire. However, not all fire doors in high risk areas within the centre had fire closing mechanisms.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of need in place that met the needs of the residents and a personal planning process that reflected those assessed needs.

Judgment: Compliant

## Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to each residents' personal plan.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Appropriate, supports were in place for residents with behaviours that challenge or residents who are at risk from their own behaviour.

Judgment: Compliant

## Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate actions where a resident was harmed or suffered abuse.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Parkview House OSV-0002406

Inspection ID: MON-0026466

Date of inspection: 10/09/2020

## 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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>In relation to Regulation 31 (1) (f): The PIC will ensure that the Chief Inspector will be notified in writing of any adverse incidents occurring in the designated centre within 3 working days.</p> <p>In relation to Regulation 31 (3) (a): The PIC will ensure that the Chief Inspector will be notified in writing of all restrictive practices occurring in the designated centre on a quarterly basis. The PIC will apply to the Positive Approaches Monitoring Group (PAMG) for approval to lock the press containing cleaning chemicals in the utility room.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>In relation to Regulation 28 (3) (a): The Registered Provider has a plan in place for the installation of door closers. However, this roll-out has been delayed and restructured due to the COVID 19 risk which poses an increased risk to Residents as they are not attending a Day Service and so vacant possession of the property for the installation is harder to obtain.</p> <p>The Registered Provider has started the roll-out in 10 Residential Units and intends to continue to complete the roll-out. However, it may take longer than first anticipated with changing requirements due to COVID 19.</p>	

It is the intention that the works schedule should be completed within 18 months which takes into consideration the impact COVID 19 has had on the operation of our Services and the risk of COVID 19 contraction which is the greater risk in the current context.

## 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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2021
Regulation 31(1)(f)	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 allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	27/10/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of	Not Compliant	Orange	23/10/2020

	the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
--	---	--	--	--