Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Park Group - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	30 September 2020
Centre ID:	OSV-0004038
Fieldwork ID:	MON-0029720

About the designated centre

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

The Park Group is a community based residential service located in North Dublin. It is comprised of three houses, all located in close proximity to each other. The centre provides residential care and support to residents with an intellectual disability. Two of the centres provide full time residential care, and the third provides residential care for five nights per week ordinarily, however, this has been extended to seven nights per week during the COVID-19 pandemic. The centre is staffed by social care workers, and has a full time person in charge. There are nursing services available for residents, as well as a range of multidisciplinary services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 30 September 2020	10:15hrs to 16:00hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector met and spoke with four residents who were availing of the services of the centre. Overall, residents told the inspector that they were cared for and supported in a positive manner. Residents expressed frustration with the public health restrictions relating to COVID-19 and presented a number of examples on how the restrictions were impacting negatively on their lives. Despite this, residents told the inspector that they understood why the restrictions were in place and demonstrated how they communicated with their families and friends through online and teleconferencing technologies. Two residents referred to ongoing compatibility issues amongst the resident group while one resident expressed dissatisfaction with their living arrangement which involved them having to use the showering facilities in a separate building due to the lack of such facilities in their apartment.

Capacity and capability

Overall, the inspector found that while the centre was being operated in a manner which was resident-centred and homely, there were a number of areas which required continued improvement and development to ensure compliance with the regulations. The inspector found that the person in charge and staff team were motivated to ensure that residents were appropriately supported and cared for and that they lived a good quality of life. Despite this, it was found that there were a number of areas which needed improvement including ensuring access to showering and bathing facilities, deficits in staff training and supervision, absence of effective management systems, and the absence of effective complaints management systems.

At the time of the inspection there were 13 residents living in the centre in three individual units and one apartment which was adjacent to one of the units. Due to COVID-19 the inspector was restricted to visiting only one unit and its adjacent apartment. The inspector met with four residents, two staff members and the person in charge during the course of the inspection.

The person in charge was found to demonstrate a comprehensive knowledge of the resident group and had the qualifications, skills and experience necessary to hold the role. The inspector found that the person in charge had a clear understanding and vision of the service to be provided in the centre and placed a strong focus on person-centred care and supports. The person in charge was employed in a full-time capacity and had knowledge of the requirements outlined in the Health Act 2007, regulations and standards.

A review was completed of the centre's staffing arrangements and the inspector

found that there were appropriate numbers of staff with the right skills, qualifications and experience deployed in the centre. Staff were observed to attend to residents needs in a timely and sensitive manner and residents were very complimentary about the staff team. There were staff duty rosters maintained in the centre and a review of a sample of these documents highlighted that there was continuity of care and support.

Staff training records were reviewed by the inspector and it was found that there were deficits in four of eight training areas described as mandatory by the registered provider. These calculations took account of a recent amendment made to the organisation's staff training policy which allowed for a grace period of three months due to the impact of the COVID-19 pandemic. The inspector also found that formal staff supervision was not taking place at regular intervals and there was an absence of clear guidance in the form of an approved organisational policy on this matter.

The arrangements for managing and governing the centre were reviewed by the inspector. It was found that there was an absence of effective management systems to ensure that the performance of the centre and the care and support being delivered was appropriately monitored. For example, there was a lack of oversight in areas such as staff training, complaints management, risk management and staff supervision. In addition, while there were annual reviews completed, these were found not to consult with residents and their representatives as part of that process.

The inspector reviewed incident, accident and near miss records maintained in the centre and found that required notification of incidents to the Chief Inspector had been completed as required by the regulations.

A review of the centre's complaints records was completed by the inspector and it was found that the registered provider had not ensured that there was appropriate oversight of the complaints management process in the centre. For example, the number of complaints in the period since the last inspection was not clear and the maintenance of clear records in respect of complaints made was not taking place. A central register of complaints was not maintained in the centre and as a result it was not clear what the status of complaints made were.

Regulation 14: Persons in charge

The inspector found that the person in charge met the requirements outlined in the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were deficits in four of eight training areas which were described as mandatory. These included fire safety, medication management, food safety, and managing behaviours of concern. In addition, formal staff supervision was not taking place in the centre on a regular basis with a significant number of staff members never having participated in a one-to-one supervision meeting.

Judgment: Not compliant

Regulation 23: Governance and management

Effective management systems were not in place in the centre to ensure that the performance of the centre was monitored and appropriate oversight of the care and support being delivered was maintained.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector found that notifications had been made to the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an absence of appropriate oversight of the complaint management process in the centre. As a result, it was not clear how many complaints had been made in the time since the last inspection or the status of complaints which had been made.

Judgment: Not compliant

Quality and safety

The inspector visited one of the units of the centre and an apartment which was adjacent to it. The unit was clean throughout and decorated in a homely manner. All residents living in the centre had their own bedrooms and there was sufficient storage and communal spaces. In the case of one resident, however, the inspector found that there was not adequate numbers of showers in the centre. The resident was required to leave their apartment and access a bathroom in an adjacent building via an outdoor pathway. This matter had been brought to the attention of the registered provider in previous inspections of the centre and remained unresolved. Through discussions with the resident, it was clear that this arrangement was not satisfactory and was having a negative impact on their life.

The centre's risk management arrangements were reviewed by the inspector who found that there was a policy in place which met the requirements of the regulations. There were individual risk registers in each of the three units of the centre and these were reviewed by the inspector. The inspector found that overall there was limited oversight and inappropriate management of some identified risks. For example, some staff in the centre who were administering medication had not completed training in this area and associated risk assessments did not include control measures such as the staff members in question completing the required training. Compounding this issue was the significant number of medication errors in the time since the last inspection, however, as a result of the absence of centre level oversight, the management team had failed to identify this trend in incident reports.

The inspector reviewed the measures taken by the registered provider to protect against infection and found that a framework had been put in place to prevent or minimise the occurrence of healthcare-associated infections including COVID-19. The registered provider had developed policies, procedures and guidelines for use during the pandemic. They had also updated existing polices, procedures and guidelines to include information relating to COVID-19. Staff had access to some stocks of personal protective equipment in the centre and there were systems in place for stock control and ordering. There was a COVID-19 information folder available in the centre, which was updated with relevant policies, procedures, guidance and correspondence. These included documents such as a COVID-19 response plan, a business continuity plan, cleaning and disinfection guidelines, visiting procedures and guidelines, and a COVID-19 local induction checklist for each house.

The centre was suitably equipped to detect, identify and contain the spread of flame and smoke in the event of a fire. Residents had participated in practice evacuations and records of these identified that the centre could be fully evacuated quickly and safely. All fire equipment including the addressable fire alarm system, emergency lighting and fire doors were routinely checked with certification as to their

effectiveness. Clear evacuation routes and signage were present to assist efficient evacuation of the centre.

The inspector reviewed the arrangement in place for the management of medication in the centre. Residents were appropriately supported to develop the skills necessary to administer their own medication where appropriate and assessments were completed as part of this process. Medication was found to be safely stored in the centre and staff were knowledgeable of how to dispose of spoiled or out-of-date medication. The inspector found, however, that the arrangements in place for the administration of medication were not appropriate and were not in line with the organisation's own policy on medication management.

The behaviour support needs of residents were reviewed by the inspector who found that appropriate supports were not in place in some instances. For example, there were ongoing low level negative interactions occurring between four residents who lived in the centre. These had been recorded as incidents of alleged abuse by the provider and there were safeguarding plans in place, however, there was an absence of formal behaviour support plans or assessments to support residents and to prevent these incidents from reoccurring.

The inspector reviewed the arrangements in place for protecting residents from experiencing abuse in the centre. Overall, the inspector found that the registered provider had complied with local and national policies and guidance in this area. The majority of residents spoken with told the inspector that they felt safe in the centre, however, one resident informed the inspector that they were negatively impacted by the ongoing low level incidents which were occurring between residents. The inspector reviewed the incident records and found that 44 such incidents had taken place in the time since the last inspection and as a result of the frequency found that safeguarding plans in place were not fully effective.

Regulation 17: Premises

There were not a sufficient number of showers in the centre to meet the identified needs of residents who were availing of its services.

Judgment: Not compliant

Regulation 26: Risk management procedures

The inspector found that risks identified in the centre were not appropriately managed and there was an absence of oversight of the procedures employed in this area.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had developed policies, procedures and guidelines for use during the COVID-19 pandemic to prevent or minimise the occurrence of the virus in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The centre was suitably equipped to detect, contain and extinguish fire. Staff and residents were familiar with procedures to follow in the event of evacuation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the arrangements for the administration of medication were not appropriate or in line with the organisation's policy on medication management.

Judgment: Not compliant

Regulation 7: Positive behavioural support

There was an absence of formal behaviour support plans for some residents who required support managing their behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that safeguarding plans in place were not effective in protecting

some residents from experiencing low grade incidents of a safeguarding nature. There was a need for the compatibility of residents to be assessed and the registered provider had failed to complete this.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for The Park Group - Community Residential Service OSV-0004038

Inspection ID: MON-0029720

Date of inspection: 30/09/2020

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • All staff have now completed medication training or refresher medication training. • All staff will have completed fire training by the end of November 2020 • All staff will have completed food safety and introduction to Managing Behaviour of concern by 30 December 2020 • Supervision is now on place for all staff.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A designated centre training template is now in place for the centre. • A designated centre Supervision tracker will be developed for the centre. • A designated centre complaints template will be developed to provide oversight of the centre. • A designated centre risk register will be developed to provide oversight of the centre. • The provider will consult with residents and their representatives on a regular basis and reflect this in the annual review.	

Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The PIC and Service Manager will devise a designated centre complaints register to ensure oversight of all complaints in the centre.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The provider will progress the works on the ensuite attached to the flat at one of the houses to meet the assessed needs of the resident.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All risk assessments have been reviewed to ensure that all risks are appropriately managed. A designated centre risk register template will be developed for the centre.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All staff are now trained in medication management or have completed their medication refresher course.	

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
MDT meetings will be arranged to discuss behavior support plans for residents who require same or to review plans in place.
Plans will be developed from this meeting in consultation with the teams.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The registered provider and MDT will review the compatibility of some residents to live together.
Residents will again be offered alternative placements if they wish to consider same.

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.	Not Compliant	Orange	30/12/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	04/11/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Red	31/03/2021
Regulation 17(7)	The registered provider shall make provision for	Not Compliant	Red	31/03/2021

	the matters set out in Schedule 6.			
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	Red	25/01/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	01/02/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/02/2021
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt,	Not Compliant	Orange	04/11/2020

	prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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.	Not Compliant	Orange	01/02/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/12/2020
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-	Substantially Compliant	Yellow	30/12/2020

	awareness, understanding and skills needed for self-care and protection.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/12/2020