



## Office of the Chief Inspector

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

Name of designated centre:	Parkside Residential Services Bellfield
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	26 June 2019
Centre ID:	OSV-0005109
Fieldwork ID:	MON-0021574

## 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:	7
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## 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
26 June 2019	09:00hrs to 17:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

Seven residents live in this centre across three houses and the inspector only had the opportunity to meet with three over the course of the day. One resident lives on their own in one of the houses, two live in a second house and four in the third house. In the third house each resident has an individual living space to afford them time alone. The inspector spoke to a resident in their living room as they waited to go to day services. The resident used Lámh (a manual signing system) to communicate and staff were seen to be familiar and comfortable with using it also. The resident was going to go to a café locally with their key worker later and told the inspector that they were going to have a soft drink. They explained that later they were going to visit their mother for a while. Another resident was having breakfast cereal at the kitchen table and was interacting with staff. They reported that they were not feeling too well on the day and did not wish to really speak to the inspector. This was respected, however the resident came to say goodbye to the inspector and the services manager before leaving the house for the day.

A resident from one of the other houses also met with the inspector later in the day accompanied by their key worker. They explained how much they liked their house and queried if the inspector had spoken to their housemate. The resident outlined how many activities they were involved in and liked being really busy. They liked going to visit a sibling and that their in-law would get them a Chinese takeaway which they really liked. The resident was familiar with the staff who supported them and took the lead in watching the time and reminding staff where they needed to be next. The resident explained to the inspector that they had not liked where they had lived before and explained how they had used the providers complaints system and now really liked their home.

## Capacity and capability

The inspector found that this was a well-managed centre with good structures and levels of accountability evident which actively promoted residents well-being and independence.

Management structures in this centre had recently been reviewed and there had been a change of person in charge. This change had not been notified to the Health Information Quality Authority (HIQA) within the time frame as required in regulation. It was not possible for the inspector on the day to be assured that the person in charge was suitably qualified and experienced. However over the course of the inspection the inspector could see that the person in charge had clear systems of oversight and management already in place and was working to become familiar with the residents and the structures of the registered provider. The person in charge is to have responsibility for a number of centres. At this time there was no concern that this arrangement had any negative impact on the residents

care and the plans outlined by the provider were satisfactory.

There were good reporting systems evident between the person in charge, the service manager. There were unannounced visits undertaken on behalf of the provider and detailed reviews and actions were identified as a result. The inspector found that robust auditing systems had been consistently applied which supported on going review of care. The annual report for 2018 was available and the provider is now producing these reports in an easy read version. The new person in charge had already begun chairing staff meetings and was engaged in staff supervision as a means of getting to know staff and systems in place in the centre.

The inspector found that residents appeared relaxed and happy in their home. Staff members were observed by the inspector to be warm, caring, and respectful in all interactions with residents. Each staff member who spoke with the inspector was knowledgeable in relation to their responsibilities and residents' care and support needs. It was evident in this centre that consistency of staff was particularly important in line with residents needs. Residents observed by the inspector were familiar and comfortable with staff present on the day.

Staff had completed some training and refreshers in line with residents' needs, however, a number of staff required mandatory training and refresher training including fire safety, manual handling and safe administration of medication training. A number of staff who spoke with the inspector were highly motivated and said they were supported and encouraged to carry out their role and responsibilities to the best of their ability and were in receipt of support and supervision provided by the person in charge.

An up to date complaints policy was in place in the centre. The system used by the provider for residents called 'I'm not happy' was seen to be used by residents and familiar to them. The service manager had responded to a complaint from a family member in a timely manner and outcomes from all complaints were clear with any actions highlighted discussed with the staff team and followed through. A register of complaints was maintained and audited by the person in charge. There were a number of compliments also on record and one in particular was for a resident in one of the semi-detached houses who while cutting the grass to the front of their house always did the neighbours too.

## Regulation 15: Staffing

The actual and planned rota ensured adequate staffing levels to meet the needs of the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

Supervisory meetings had been implemented within the centre in line with local policy. To ensure that the residents' needs were met appropriately and continuously, some gaps in training needed to be addressed

Judgment: Substantially compliant

### Regulation 23: Governance and management

Management systems within the centre were effective in ensuring the service provided is safe, appropriate to the residents needs, consistent and effectively monitored.

Judgment: Compliant

### Regulation 34: Complaints procedure

A complaint policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of of complaints officer was visible in an accessible format throughout centre.

Judgment: Compliant

### Registration Regulation 7: Changes to information supplied for registration purposes

The registered provider had not notified the Office of the Chief Inspector of the change of person in charge to this centre within the time frame required by regulation. Information in regard to the change has not been submitted as set out in Schedule 3.

Judgment: Not compliant

### Quality and safety

It was apparent to the inspector that residents' quality of life and overall safety of care was prioritised in this centre. The staff and management team placed an emphasis on the residents choices and preferences. Residents' social care needs

were actively promoted and encouraged with residents availing of numerous external activities such as bowling, concerts and as volunteers in local charities. The residents had very busy lives and all attended a number of different day services or availed of wrap around services in their home. Residents were involved in the running of their homes and took responsibility for areas such as recycling, shopping list preparation or cutting the grass, they reported being proud of their home.

Areas of the centre were found to be clean, warm, comfortable and homely including residents' bedrooms which were personalised. However, a number of areas required painting or general repair such as debris left in cupboard spaces off resident bedrooms, kitchen cupboard doors not closing correctly or guttering that required cleaning. The inspector was concerned that staff work spaces were encroaching into residents living areas, with locked work cabinets in sitting rooms and in one case a locked medication cupboard in a living room that impacted on the residents' ability to have any uninterrupted relaxation time. There was staff and work related information on notice boards in rooms such as kitchens rather than only information that was specific to community and social opportunities for residents.

Residents' had an assessment of need in place and a personal plan. These documents were found to be person-centred and residents had access to a key worker to support them to develop and reach their goals. Reviews of personal plans were taking place to ensure they were reflective of residents' needs. Documentation was up to date and guiding staff to support residents fully with their care and support needs. Residents' preferred activities were highlighted in their personal plans as were the supports they required to engage in these activities. There was evidence of residents and their representatives input in the development and review of personal plans. Ongoing goals and activities for residents were documented in addition to one off social goals such as day trips.

Residents were seen to be actively supported to make decisions about their lives maximising their autonomy. The registered provider ensured regular residents meetings occurred and the inspector saw that easy read versions of key documents were made available. There was discussion in residents meetings on the complaint process or around ways to keep safe, being treated fairly or accessing advocate services. The person in charge supported residents to attend the formal advocacy meetings held by the provider, with one resident in the centre the current chairperson of the providers advocacy group. All residents in this centre were registered to vote and records were seen of previous discussions on current affairs and on debates relating to voting decisions. Each resident had a copy of 'living together rules' developed with support that they could refer to during meetings or discussions in the house where compromise was required.

Overall, residents were being supported to enjoy best possible health. They had access to health and social care professionals in line with their assessed needs and staff were knowledgeable in relation to their care and support needs. Residents attended GP and dentist of their choice and some residents accessed specialist services or medical consultants as required. The inspector saw that staff completed pre appointment paperwork detailing areas that a resident may wish to



raise and a summary was made by staff during an appointment of discussion areas which was signed by the medical professional as a reflection of areas discussed. This ensured that pertinent information was passed on as required and staff could carry out recommendations as required.

The inspector found that the provider and person in charge were promoting a positive approach to responding to behaviours that challenge. Residents' positive behaviour support plans clearly guided staff practice in supporting residents to manage their behaviour and they were reviewed regularly. There was a multidisciplinary approach to the development and review of positive behaviour support plans which were signed by at least three members of the team supporting a resident. Staff who spoke with the inspector were knowledgeable in relation to residents' behaviour support needs in line with their positive behaviour support plans. The inspector found that there were a number of restrictive practices on the day of inspection not all of which had been recorded or notified as required.

The inspector found that the provider and person in charge were proactively protecting residents in the centre. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents. Residents had access to mobile phones and were supported in knowing how to call for help and numbers for speaking to designated staff were available. They were also supported with easy read versions of various documents. All residents had assessments in place ascertaining the level of support required to manage their finances and supports were in place relative to the level of assessed need. Staff outlined the process for auditing and checking residents finances and these were accurate on the day of inspection.

Risk management systems were effective, centre and house specific and considered. There was a detailed and current risk register which included clinical and environmental risks and pertinent plans and environmental adaptations made to meet the changing needs including falls, burns or seizures. Centre risks that related to residents were signed by them or a next of kin. Any changes in residents assessed needs were promptly responded to.

Some improvements were required in overall fire safety systems. All of the required fire safety management equipment was available and serviced regularly and in house checks were undertaken to ensure the systems were working. Residents had appropriate personal evacuation plans as required. Staff undertook regular drills with residents and clear actions were outlined in response to these and acted on in a timely manner. However, in one house a fire door was seen to be propped open with a chair and a door with self closing mechanisms from the utility room in one house was not closing properly. In another house the fire door into the utility room did not correctly close and there were no fire doors protecting the evacuation route from upstairs.

## Regulation 17: Premises

Overall, the inspector found that there was adequate private and communal space for residents and that the physical environment was clean. However, there were a number of areas in need of maintenance and repair as outlined in the body of the report. In addition staff work spaces and storage of sensitive information and medication was kept in residents' living areas.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Risks were identified and managed in a safe and proportionate and considered manner with residents involved in such decision as it impacted on them.

Judgment: Compliant

### Regulation 28: Fire precautions

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. However, fire containment arrangements in place in one house did not protect the assigned evacuation route.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated.

Judgment: Compliant

### Regulation 6: Health care

Residents healthcare needs were identified, monitored and responded to promptly with the residents full involvement.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to understand and manage any behaviours which caused anxiety for them. The use of restrictive practice was in place to promote the safety of residents. Improvements were required in relation to documentation of these practices.

Judgment: Substantially compliant

### Regulation 8: Protection

A safeguarding policy was in place which gave clear guidelines for staff on procedures if a concern arose. Details of the designated officers were visible in an accessible format throughout the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights to make decisions, make their preferences known and be supported to achieve their own goals and wishes was actively promoted.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Parkside Residential Services Bellfield OSV-0005109

Inspection ID: MON-0021574

Date of inspection: 26/06/2019

## 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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff members identified who require training have been booked in for this.	
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: Change of Person in Charge form (NF30A) and all other required/relevant documentation have been completed and submitted to the Health Information and Quality Authority.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Staff work spaces, storage of sensitive information and medication is currently being relocated to appropriate locations.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A submission has been made by the organisation to the HSE identifying the need for funding for fire doors to create a corridor to protect the evacuation routes from houses.	
Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Restrictive practice within the area has been reviewed in full and quarterly returns now accurately reflect restrictive practices in use, in conjunction with ongoing review from the internal Human Rights Committee.

A live register of all restrictive practice has been created and analysis of restrictive practice will take place on a quarterly basis.

## 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
Registration Regulation 7(2)(a)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event notify the chief inspector in writing, within 10 days of this occurring, where the person in charge of a designated centre has ceased to be in charge.	Not Compliant	Orange	16/07/2019
Registration Regulation 7(2)(b)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 3.	Not Compliant	Orange	16/07/2019
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	25/07/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive	Substantially Compliant	Yellow	29/07/2019



	procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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