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:	Parkside Residential Services Kilmeaden
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	05 January 2022
Centre ID:	OSV-0005106
Fieldwork ID:	MON-0034754

About the designated centre

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

Parkside Residential Services Kilmeaden is a five bedroom two–storey detached house located in a rural area. The centre provides residential care for four men with mild to moderate intellectual disability ranging in age from 28 to 54 and has a maximum capacity for four residents. It is open 365 days of the year on a 24 hour basis. Each resident has their own bedroom and other facilities throughout the centre include a kitchen, a dining room, two living rooms, bathroom facilities and garden areas. Staff support is provided by social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1

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 (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 5 January 2022	14:30hrs to 19:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met with one of the four residents that lived in the designated centre. The other three residents were not in the centre as they were spending time with family members following the Christmas period. As this inspection was completed during the COVID-19 pandemic, the inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

Overall the inspector found that improvements had been made in areas such as the safeguarding of residents and the management of complaints in the centre. The number of incidents occurring in the centre had reduced, which had a positive impact on the quality of care provided to residents. However, the registered provider had not ensured that residents were protected from potential infection, including COVID-19 at all times.

The inspector met with one of the residents as they were relaxing in the sitting room listening to music. This resident was a non-verbal communicator, using gestures and visuals to communicate their needs. Staff members facilitated conversation with the resident and the inspector by discussing the resident's routine and their plans to go for a drive later in the evening. It was evident that staff members provided the resident with a structured routine in line with their assessed needs. The resident appeared relaxed and content in their environment, and it was clear that the staff members knew the resident well, and were aware of the supports they required.

Three of the residents were visiting family members at the time of the inspection. Therefore the inspector could not meet with them. Staff members contacted these residents and their family to provide them with an opportunity to speak with the inspector on the telephone. One resident's representative agreed to speak with the inspector. They were very positive about the care and support that the resident received in their home. The resident's representative said that they were delighted with the house and the staff, saying that staff were 'wonderful', 'lovely' and 'brilliant'.

It had been identified that there was a compatibility issue in the designated centre. In response to this, the registered provider had put a number of measures in place to protect both residents from peer to peer abuse. It was noted that these measures were an interim solution. However, the registered provider had put in a request for additional funding which would support one resident to transition to a new home, where they would be provided with an individualised service.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service

being provided.

Capacity and capability

This inspection was carried out to follow-up on the findings of an inspection completed by the Health Information and Quality Authority (HIQA) in September 2021. Overall the inspector found that improvements had been made in the management of complaints and the notification of incidents occurring in the designated centre. This had a positive impact on the quality of care provided to residents. However, the registered provider had not ensured effective oversight of the centre.

This designated centre had seven changes to the role of person in charge in the last three years. Four of these changes had occurred since April 2021. At the time of this inspection, the current person in charge had been in the role for a period of approximately two weeks. Consistent management and oversight had not been maintained in the centre throughout this period.

Provider auditing and action planning required substantial improvement. A six-monthly unannounced visit had been completed in November 2021, however the report into the findings of this visit not been completed in full. For example, areas such as a review into the management of COVID-19 in the centre had not been completed. This did not ensure that the review was comprehensive in nature, or that areas requiring improvement had been identified. However the inspector found a number of plans in place to address these deficits by February 2022.

The inspector met with the newly appointed person in charge on the day of this inspection. It was evident that they had plans in place to ensure oversight of the centre, which included a schedule of team meetings, audits and incident reviews. These plans were in early stages at the time of the inspection. A daily handover report was completed by staff on duty, which was reviewed by the person in charge daily. This provided an update on areas including incidents and accidents, safeguarding and training requests, ensuring the person in charge was informed of issues occurring in the centre on a day-to-day basis.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge in the designated centre. This individual held the necessary skills and qualifications to fulfil the role. This included a relevant management qualification and no less than three years' experience in a management role in a health and social care setting. They held this post in a full-time position.

At the time of this inspection, the person in charge had been in the role for a period of approximately two weeks. They spoke with the inspector about their plans to improve the oversight and management of the designated centre. They held the role of person in charge for a total of three designated centres.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported in their home by a team of social care workers and care assistants. Staff spoken with were knowledgeable about the assessed needs of residents, and how to support them. All staff working in the centre reported directly to the person in charge.

The person in charge discussed the shift patterns for staff working in the designated centre. It was evident that the staffing levels in the centre were appropriate to the number and assessed needs of the residents. The inspector reviewed the designated centre's rota, which clearly showed the staff members on duty.

It was noted that due to an inability to seek staffing over the Christmas period, two staff members were on duty supporting one resident while both staff members had confirmed COVID-19 infection. This is actioned under regulation 27, protection against infection.

Judgment: Compliant

Regulation 23: Governance and management

Provider auditing, action planning and oversight required substantial improvement. A consistent management team had not been sustained in this designated centre for some time. This was found to have impacted on the consistent management of care and support provided. It was hoped that the appointment of a new person in charge would provide consistency in the oversight and monitoring of the designated centre, to ensure that residents were provided with a safe service.

However as outlined in the failings identified in risk management, infection prevention and control and individual assessment and personal planning, further improvements were required to ensure consistent and effective management.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector reviewed the designated centre's incident log and complaint's log. It was evident that the person in charge had ensured that the chief inspector had been notified of incidents occurring in the designated centre as outlined in regulation 31. This included an outbreak of COVID-19 in the centre and allegations of peer-to-peer abuse.

This was an action from the previous inspection of the designated centre. It was evident that the registered provider had made significant improvements in this area.

Judgment: Compliant

Regulation 34: Complaints procedure

The organisation had a complaints policy which was accessible to staff and residents in the designated centre. It was evident that this had been updated since the inspection in September 2021 to include the timeline for addressing a complaint and the accessible complaints procedure used by residents.

The inspector reviewed the designated centre's complaints log. There were no open complaints at the time of the inspection. The inspector reviewed documented evidence of complaints that had been made by residents living in the centre. It was noted that it was not evident on the complaint's log if complainants were satisfied with the outcome of their complaint. However, this evidence was provided to the inspector when requested.

Judgment: Compliant

Quality and safety

Significant improvements had been made in the safeguarding of residents since the HIQA inspection completed in September 2021. This had a positive impact for residents living in the centre. However, it was noted that non-adherence to public health guidance and a lack of appropriate risk management had put a resident at risk of potential infection.

This designated centre experienced an outbreak of COVID-19 among staff members during the Christmas period. At this time, one resident was also suspected of having COVID-19. Management in the centre had spent some time trying to seek alternative staff to provide support to this resident, as their planned trip to see

family had to be cancelled and staff sick leave levels were very high. This included contacting relief staff, day service staff, members of the management team and agency staff to work in the centre. The provider was unsuccessful in finding alternative staffing that knew the resident and could provide supports to them in their home. As a result, a decision was made that two staff members would continue to work in the designated centre, supporting this resident, while both staff members were suspected and later confirmed to have COVID-19.

It was also noted that staff members working with the resident were displaying mild symptoms of COVID-19 infection, including a cough at this time. This was not in line with Public Health or government guidance on COVID-19. It was noted that this decision put the resident at risk of contracting COVID-19. However, there was no evidence of an assessment of this risk at the time the decision was made.

There was not a contingency plan which outlined the measures to be enacted in the event of a COVID-19 outbreak in the centre, including the arrangements for staffing in the centre. This action had not been completed in line with the registered provider's compliance plan response following the inspection carried out by HIQA in September 2021.

Two residents were found not to be compatible to live together based on their respective assessed needs. Management of the centre were aware of this and had put a number of measures in place to ensure residents were safe and protected. The registered provider had plans to provide an individualised service to one of these residents, and had sought additional funding to complete this. It was noted that this would have a positive impact on all residents living in the centre by reducing the number of incidents occurring in the centre.

Regulation 26: Risk management procedures

Non-adherence to public health advice placed one resident at risk of COVID-19 infection. At the time the decision was made that staff members with COVID-19 would support a resident, an assessment of the risk that this posed had not been carried out. Management in the centre informed the inspector that additional controls had been put in place to protect the resident. However, on discussion it was evident that management were not aware of the level of controls staff members had put in place. For example, management were not clear on what level of personal protective equipment staff had worn when supporting the resident, or if staff members had continued to participate in meal preparation for the resident. This did not provide assurances that there was effective oversight of the controls in place to manage the risk.

Judgment: Not compliant

Regulation 27: Protection against infection

This designated centre experienced an outbreak of COVID-19 among staff members. This had an impact on staffing in the centre. At the time this occurred, one resident was also suspected of having COVID-19. It was later determined through testing that the resident's test did not detect a COVID-19 infection. At this time, and due to the provider's inability to seek staffing to support this resident, two staff members worked in the designated centre with this resident at the time they were suspected, and confirmed to have COVID-19. Staff members were noted to be displaying mild symptoms of COVID-19 infection including a cough while working in the centre. This was not in line with Public Health or government guidance on COVID-19.

On the day of this inspection, there was no evidence of a contingency plan which outlined the measures to be enacted in the event of a COVID-19 outbreak in the centre. This action had not been completed in line with the registered provider's compliance plan response following the inspection carried out by HIQA in September 2021.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Two residents living in the centre were not compatible. It was noted that short term arrangements had been put in place to reduce the amount of time these residents spent together in their home. This included the use of separate living areas, and alternative weekends spent with family members. Although this action had reduced the number of incidents occurring in the centre, it was acknowledged that this was an interim measure only. The registered provider had sourced a new premises for one of these residents to live in, however they were awaiting funding to provide staffing to support the resident's transition from the designated centre.

Each resident had a comprehensive assessment of their health, personal and social care needs. However, one resident's had not been update on an annual basis. It was identified that this resident's goals had not been updated since 2019 to reflect their wishes and the goals they would like to achieve.

Judgment: Not compliant

Regulation 7: Positive behavioural support

When residents displayed behaviours that challenge, they had a behaviour support plan developed. These plans were located in each residents' file, and were easily

accessible to staff members, to guide them on how to support the residents. These plans included information such as potential triggers, behaviours displayed and proactive and reactive strategies in place. Due to the incompatibility of two residents, there was evidence of regular reviews of residents' behaviour support plans by relevant allied health and social care professionals.

There was no evidence of any environmental restrictions in the designated centre. Some rights restrictions were evident, and these were noted to be referenced in the relevant behavioural support plan, with a clear rationale for the use of the restriction.

Judgment: Compliant

Regulation 8: Protection

Inconsistencies between policy and practice were no longer evident in the designated centre. There was a clear policy on the safeguarding of residents which included a zero tolerance approach to abuse.

Safeguarding plans were in place where required. Although there were short term measures in place to protect residents including the use of separate living areas, and alternative weekends spent with family members. It was noted that there were plans to provide an individualised service to one resident in line with residents' safeguarding plans. The registered provider was making progress in this area, and was awaiting response from a funding request at the time of the inspection.

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 (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 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Parkside Residential Services Kilmeaden OSV-0005106

Inspection ID: MON-0034754

Date of inspection: 05/01/2022

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: • Six monthly audits will be conducted within the specified timeframes • Action plans will be created arising from these audits and enacted in a timely manner • The review of the governance structures in this designated centre are underway in an effort to ensure improved governance and oversight • Additional resources have been assigned to support the current person in charge, on a temporary basis, pending the review of structures as outlined in the previous point.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • The contingency plan has been reviewed, amended and individualised to this specific designated centre, outlining the actions to be taken in the event of a Covid-19 outbreak. • The risks identified in the contingency plan will also be noted on the risk register. • Public health guidance will be adhered to in this designated centre.	

Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: • The contingency plan has been reviewed, amended and individualised to this specific designated centre, outlining the actions to be taken in the event of a Covid-19 outbreak. • A copy of the contingency plan is again present in this designated centre. • The frontline staff team are aware of the content of the contingency plan. • All staff in this designated centre have completed training on infection prevention and control. • Public health guidance will be adhered to in this designated centre.	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • The two residents who are incompatible will continue to be supported to live together with the support of the Multi-Disciplinary Team, individual support meetings with a member of the psychology team and individualised behaviour support plans and personalised activities while working towards a permanent solution. The organisation will continue to advocate for additional funding to support one resident's transition from this designated centre. • The personal plan of one resident will be reviewed with him and his family and updated accordingly	

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 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	31/03/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and	Substantially Compliant	Yellow	31/12/2022

	support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
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.	Not Compliant	Orange	31/03/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/03/2022
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident,	Not Compliant	Orange	31/12/2022

	as assessed in accordance with paragraph (1).			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/03/2022