

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

## Issued by the Chief Inspector

Name of designated centre:	Parnell Place Residential Service
Name of provider:	The Rehab Group
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	27 March 2025
Centre ID:	OSV-0004117
Fieldwork ID:	MON-0046069

## About the designated centre

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

This designated centre is located on a site operated by the provider. This site accommodates a number of residential units, including one other designated centre, as well as a resource centre. The accommodation units provide accommodation to those with social housing needs. Around the buildings are communal areas with lawns, paths, seating areas, and car parking. The site is gated and secure and located adjacent to a number of public transport facilities. All of the amenities offered by the city are a short walk from the centre.

A maximum of three residents are accommodated in the centre. A full-time residential service is provided. Residents are autistic and or have a diagnosed intellectual disability. The premises is a three-storey building. There is a bedroom and bathroom on each floor, with residents sharing a kitchen and dining room, and a lounge on the ground floor. There is a staff office / bedroom on the first floor, and an additional lounge room on the second floor. Staffing levels and arrangements vary and reflect the occupancy and needs of the residents. The house is staffed at all times when residents are present.

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

Number of residents on the date of inspection:	3
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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 (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 27 March 2025	10:15hrs to 18:25hrs	Deirdre Duggan	Lead

## What residents told us and what inspectors observed

From what the inspector observed, residents in this centre were offered a safe and individualised service that took into account their individual needs and preferences. Residents were seen to be provided with opportunities to engage in activities within their local community and safeguarding was seen to be embedded into the culture of this service.

The centre accommodates three adult residents and was fully occupied at the time of this inspection. The three adult residents living in this centre had resided there since the centre had opened in 2013. All of the residents avail of full-time residential services, although the inspector was told that residents visited their family homes regularly at weekends.

This centre comprises a large three storey unit located in a residential apartment block in a busy urban area of a large city. Overall, this premises offered appropriate space and facilities to residents. Each resident has their own bedroom located on separate floors to each other and each floor also had a large shower and toilet room. The ground floor contained a communal kitchen, dining and lounge area, the first floor had a staff office/sleepover room and the second floor had a second resident lounge that was primarily used by the resident that occupied the adjoining bedroom. Communal areas were seen to be appropriately furnished at the time of this inspection.

Overall, the inspector saw that this was a homely environment for the residents, and the environment and layout of the premises was suited to residents' assessed needs. Residents' bedrooms were personalised according to their own tastes and preferences. Residents were observed to use the communal areas and kitchen facilities and were seen to be comfortable to move freely about their home. Some cosmetic works were required to an area of flooring and the inspector was told this work was scheduled. An open access garden area is also available to residents to the rear of the centre and this was seen to be a pleasant space.

One resident was present in the centre when the inspection commenced and two residents were attending day services and returned later in the afternoon. The inspector had an opportunity to meet and speak with all of the residents during the inspection. One resident indicated that they wished to interact only briefly with the inspector and this wish was respected. Residents told the inspector that they were happy in their home and felt safe living there. They told the inspector about the things they enjoyed and that staff supporting them were good to them. Residents were observed to have busy lives and were seen to prepare meals and snacks, clean the kitchen, leave and return to the centre on planned activities, and spend time on their computers. A resident told the inspector that they were going to make a cake on the day of the inspection and was heard to plan this with the staff member on duty before making this. Residents in the centre were reported to plan their own activities and schedules and the inspector heard residents talking with staff about

this.

The inspector observed a number of interactions between staff and residents that indicated that residents were comfortable and familiar with the staff that supported them. Staff were observed to be familiar with residents' communication styles and preferences and to support residents in a respectful manner with staff seen to be responsive to residents' needs.

Aside from the person in charge, the inspector spoke in detail with one staff member and met with another staff member briefly in the afternoon. Staff reported that they felt residents were safe and well cared for in the centre and that the provider was responsive to any issues or concerns raised. The staff member spoken with told the inspector that they would be comfortable to raise concerns, including safeguarding concerns or complaints, and was very positive about the training provided to them to support them in their role.

Overall, the findings on this inspection indicated that residents were afforded a safe service and had a good quality of life in this centre and there was good compliance with the regulations. The next two sections of the report 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 delivered.

## Capacity and capability

The findings of this inspection showed that the management systems in place in this centre were ensuring that good quality, safe and effective services were being provided to residents. This inspection found very good compliance with the regulations. This was an unannounced adult safeguarding inspection. The previous inspection of this centre took place in February 2023, with overall positive findings also.

Documentation reviewed during the current inspection included resident information, safeguarding documentation, an annual review, an report of an unannounced six-monthly provider visit, audit schedule, incident reports and team meeting minutes. There was evidence that the provider was identifying issues and taking action in response to them and that ongoing consideration was being given to safeguarding residents in this centre.

There was a clear management structure present and there was evidence that the management of this centre were maintaining good oversight and a strong presence in the centre. The person in charge reported to a regional manager. The regional manager reported to the head of accommodation who reported to a regional operations officer and a director of care. They in turn reported to a Chief Executive Officer and a Board of Directors. Three of these individuals were also named persons participating in the management of the centre (PPIM). There had been a

change in the local management of the centre since the previous inspection and a new regional manager/PPIM of the centre had been appointed.

The person in charge had remit over three designated centres at the time of this inspection. They told the inspector about the arrangements the provider had in place to support them in their role, including the support of team leaders in each location. The person in charge and staff spoken with reported that they received good supports from the management structures in place.

The person in charge was present on the day of the inspection and was seen to be very familiar with the assessed needs of residents and knowledgeable about care and support residents required in the centre. The centre was seen to be well resourced and staffing levels and competencies were seen to provide for a very good quality and personalised service. The training needs of staff were being appropriately considered and all staff had completed training in the area of safeguarding.

In summary, this inspection found that there was evidence of good compliance with the regulations in this centre and the findings of this inspection indicated that residents were being afforded safe and person centred services. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

## Regulation 15: Staffing

The inspector reviewed a sample of eight weeks planned and actual rosters and saw that staffing levels were sufficient to provide for safe and effective services. One resident was supported with 1:1 staffing in the centre by day and the other two residents attended day services during the week and were supported by one staff member while present in the centre at evenings or weekends. One resident went to their family home most weekends but did have the option to remain in the centre if they wished. The other two residents usually visited home every second weekend. The inspector was told that staffing was organised around the needs of the residents. At night a sleepover staff was available to residents. The person in charge reported a low turnover among the staff team and there were no vacancies reported by the person in charge at the time of this inspection. Agency staff were not used in the centre and familiar staff worked with residents at all times, with new staff receiving a lengthy induction to ensure consistency of care was being provided.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, as

part of a continuous professional development programme. Staff were being provided with training appropriate to their roles and the person in charge was maintaining oversight of the training needs of staff.

The inspector reviewed a training matrix for ten staff that were also named on the centre roster including relief staff. One staff member was being inducted to the role at the time of this inspection and was in the process of completing their training and had received appropriate safeguarding training as part of this process. The matrix viewed indicated that staff had access to and had completed training in key areas to provide for safe care and support for residents. This included training in safeguarding, manual handling, fire safety, epilepsy, infection prevention and control, and training to support staff in managing behaviours that challenge. Staff were also seen to have access to refresher training as required.

A supervision schedule was reviewed that showed all staff were receiving formal supervision in line with the provider's policy.

Judgment: Compliant

## Regulation 23: Governance and management

This inspection found that the provider was ensuring that this designated centre was adequately resourced to provide for the effective delivery of care and support in accordance with the statement of purpose. For example, the premises was well equipped to cater for residents in a manner that promoted privacy and dignity and residents living in the centre had access to good multidisciplinary supports. The premises was seen to be safe and suitable for the type of supports provided there and was overall well maintained.

Management systems were in place to ensure that the service provided was appropriate to residents' needs and that the service's approach to safeguarding was appropriate, consistent and effectively monitored. There was a clear governance structure in place that set out the lines of accountability within the service. The provider had appointed a designated officer to promote and manage safeguarding within the service. This individual's details were displayed prominently in the centre while all staff spoken with were aware of safeguarding procedures and how to raise a concern if needed.

Management systems in place were ensuring that the service provided was being monitored. Documentation reviewed by the inspector during the inspection such as provider audits, team meeting minutes, the annual review, and the provider's report of the most recent six monthly unannounced inspection, showed that the provider was maintaining good oversight of the service provided in this centre and that governance and management arrangements in the centre were effective.

An annual review had been completed in respect of the centre and the inspector reviewed this document. This had been completed within the previous year,

although it was noted that there had been a delay in completing this review. This included evidence of consultation with residents and their family members. Unannounced six-monthly visits were being conducted by a representative of the provider and a report on the most recent of these, completed in January 2025, was reviewed. Safeguarding was seen to be considered as part of this. Action plans arising from these outlined completed or outstanding actions required to address any issues identified. There was clear evidence of learning and discussion about incidents as outlined under Regulation 26 Risk management procedures.

Meeting records viewed showed that regular governance and team meetings were taking place and pertinent issues were discussed regularly, including safeguarding, positive behaviour support, finance, maintenance and residents' support needs. A staff member spoken to in the centre reported that the person in charge was very supportive to the staff team and that they would be comfortable to raise any concerns to any of the management team.

The inspector reviewed the safeguarding documentation in place in respect of previous concerns in the centre and saw that any safeguarding concerns raised had been notified to the office of the Chief Inspector of Social Services and were also reported to the Health Service Executive (HSE) safeguarding and protection team. Safeguarding plans had been put in place in response to any safeguarding concern raised. These plans contained guidance on measures to take to ensure the safety of residents and this inspection found that actions identified were completed and monitored. For example, a psychiatry review had taken place as outlined in a safeguarding plan viewed.

Judgment: Compliant

## Quality and safety

Safe and good quality supports were being provided to the three residents that availed of residential services in this centre. The wellbeing and welfare of residents in this centre was maintained by a very good standard of care and support, provided by a consistent and committed core staff team. A high level of compliance with the regulations was found during this inspection.

Residents were benefiting from a premises that provided a good standard of accommodation and continued to meet their assessed needs in relation to their environment. Residents told the inspector that they participated in a variety of community based activity of their own choosing. There were no open safeguarding plans or open complaints at the time of this inspection. A strong culture that promoted safeguarding and rights was evident in the centre. Safeguarding was discussed regularly with residents and individualised personal plans and positive behaviour support plans were in place that provided clear guidance to staff about how to support residents in a manner that promoted their safety and wellbeing.

The inspector saw that residents were comfortable, content and happy in their home. Residents were offered choices and had a large degree of autonomy over their own lives. Risk management systems were in place that balanced the need to keep residents safe, while promoting residents independence and respecting the choices that residents made for themselves. For example, the inspector reviewed the management of medications in the centre and found that there was strong systems in place to support residents in this area in a manner that was safe but also encouraged residents to develop and maintain independence.

Records provided indicated that all staff working in the centre had completed training in safeguarding and had Garda Síochána (police) vetting. Resident meeting minutes were viewed that indicated that topics such as safeguarding, complaints, advocacy, health and safety, fire safety and infection prevention and control were regularly discussed with residents. The staff spoken with during this inspection demonstrated a good working knowledge of safeguarding procedures and complaints procedures and presented as being very aware of these topics and how to manage any issues, were they to arise.

## Regulation 10: Communication

The registered provider was ensuring that residents were assisted and supported to communicate in accordance with their needs and wishes. Staff were observed to be very familiar with and respectful of residents' communication methods and styles. The inspector reviewed the communication guidance in residents' personal plans and saw that relevant guidance was available to staff in relation to supporting residents to communicate in a manner that suited them. Rosters reviewed showed that familiar staff were allocated to the centre on an ongoing basis and that the relief staff that worked in the centre were allocated from a specific pool of staff that were also familiar with these residents' communication styles. The inspector saw evidence, such as team meeting minutes, that showed communication was an ongoing consideration for the staff team and new strategies and ideas about how to improve communication were explored.

Residents had access to media such as television, newspapers and radio. Residents had access to Internet and mobile devices. One resident told the inspector about the things that they had researched on the Internet that day and another resident was seen to use their own personal computer in their bedroom.

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider had a risk management policy in place that provided for the

identification, assessment and review of risk in the centre. The same policy also outlined control measures for specific risks as required including self-harm and accidental injury. A business continuity (emergency) planning policy was also in place that provided guidance on how to manage a number of emergency scenarios that might arise such as fire, flooding, loss of essential services or an outbreak of infectious disease. Personal emergency evacuation plans were in place for all residents.

Individualised risk assessments were viewed in residents' files and a local risk register was also in place and reviewed by the inspector. Risk assessments were seen to be subject to regular review and updating. Where a risk was identified, efforts had been taken to reduce or mitigate the impact of this on residents. For example, staff had identified that a resident was having difficulty making it fully across the road before the pedestrian lights changed. Management had linked with the local County Council and arranged to have the traffic light timer changed. This meant that this resident was provided with an opportunity to safely maintain their independence in this area.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that appropriate assessments were completed of the health, personal and social care needs of each resident and that the centre was suitable for the purposes of meeting the assessed needs of each resident. Assessments of need were completed and reviewed in residents' files. These included details about relevant screening programmes and where residents chose not to access these, rationale was provided and medical input sought. A number of support plans arising from these assessments were reviewed. These contained relevant guidance for staff about the assessed needs of residents and these were being updated as required to reflect any change in circumstances. This meant that the care and support offered to residents was evidence based and person centred.

The registered provider was ensuring that arrangements were in place in the centre to meet the assessed needs of the residents using the centre. A low resident number in this centre contributed to ensuring a safe, personalised service could be provided to all residents, and staffing levels and arrangements were considered based on the assessed needs of each resident and were seen to be appropriate to meet the needs of residents.

The inspector saw that individualised plans were in place for all residents. All three personal plans were reviewed during the inspection. There was clear input from residents to these plans, including sections completed by the resident themselves. Plans were in place that reflected residents' assessed needs and these were being appropriately reviewed and updated to reflect changing circumstances and support needs. Support plans were in place that provided good guidance to staff about how

best to meet residents' assessed needs.

There was evidence that residents had been supported to set and achieve goals as part of the person centred planning process within the previous year and there was evidence of progression, completion and ongoing review of goals. Goals were identified based on residents' assessed needs and preferences. For example, residents had set goals that included short breaks away. Staff completed key working reports regularly that documented progress and changes to residents' goals and plans and a key-working report completed was also viewed.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up-to-date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. Procedures and practice guidelines were in place to guide staff and overall it was seen that positive behaviour support was well managed in the centre. This meant that residents could be supported in a manner that met their assessed needs and were provided with appropriate care and support to safeguard themselves and others from the impact of behaviours of concern. For example, new staff working in the centre received a very comprehensive induction that included a number of shifts shadowing familiar staff. This provided for consistency of care and ensured that all staff working in the centre were familiar with how best to support residents in line with their specific assessed needs. This reduced the likelihood and impact of residents presenting with behaviours of concern that could pose a safeguarding risk to themselves or others.

When reviewing residents' personal plans, it was seen that guidance was included within these on how to support residents to engage in positive behaviour. This guidance included specific proactive and reactive strategies to implement with residents if required. Incident records reviewed in the centre, indicated that this guidance was being followed in practice. Training records indicated that staff had access to and had completed training in this area also.

Residents had access to allied health professionals to support them with managing behaviours of concern and where required, residents had positive behaviour support plans in place. The inspector reviewed the plans in place for two residents who presented with specific needs in this area. A behaviour therapist was available to residents through the provider's own structures. One resident was provided with 1:1 staffing by day to support them and reduce any potential impact of behaviours on other residents. Behaviour management guidelines were also in place to support residents to manage issues such as anxiety and self-injurious behaviour. The guidance available to staff was seen to be clear and provided for residents to be supported in a positive manner that would lessen the impact of any potential

behaviours of concern.

Although, on occasion, some residents' behaviour was reported to impact on the people they lived with, this was closely monitored and well managed within the service, and residents had been offered and declined opportunities to live apart if they wished. There had been an increase in incidents relating to a specific behaviour a resident presented with and this was discussed with the person in charge. They told the inspector that in response to this, the behavioural therapist was meeting with day service staff to discuss joint approaches to support this resident. The inspector also saw evidence that a functional assessment and updated behaviour support plan had been completed that included reactive strategies to support the resident. The behaviour therapist had attended a team meeting to discuss these changes with staff. Staff had completed a safety intervention workshop also. All incidents that occurred in the centre were reviewed during team meetings and also by the behaviour therapist.

The registered provider had in place a positive behaviour policy. While this was seen to be due for review in October 2024, the inspector was informed that this review had been completed and was awaiting signing off.

Judgment: Compliant

## Regulation 8: Protection

The findings of this inspection indicated that the registered provider had appropriate measures in place to protect residents from abuse. The person in charge had ensured that all staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Guidance on supporting residents with intimate personal care was contained within residents' personal plans.

The provider had in place a safeguarding policy. At the time of this inspection there were no open safeguarding concerns. As set out under Regulation 23, the provider had a system in place to respond to and notify relevant bodies of any concerns raised. Safeguarding measures in place in the centre included the provision of one-to-one staffing for a resident. Staff rotas reviewed, observations on the day of this inspection, and discussions with staff indicated that this was in place at all times as required. Staff working in the centre had completed relevant safeguarding training. Staff and management spoken with during the inspection were familiar with safeguarding procedures and reported that residents were safe and well protected in the centre. Residents spoken with also told the inspector that they felt safe in their home.

There was ample evidence viewed in residents' documentation that demonstrated that they were provided with information and education for self-care and protection. Residents had monthly key-working meetings and the minutes of these included

details of discussion around safeguarding matters and rights.

From documentation reviewed in the centre including incident reports, and speaking to residents, staff and management, the inspector saw that there was a prompt response and ongoing learning following any incidents or near misses that occurred in the centre. Assurances were provided by the provider that all staff working in the centre had received appropriate Garda vetting disclosures.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider was ensuring that each resident's privacy and dignity was being respected in relation to their living arrangements and efforts were being made to ensure that each resident had the freedom to exercise choice and control in his or her daily life and to live a life of their own choosing. From what the inspector observed and was told during this inspection it was evident that there was a very strong rights based culture present in this centre and the evidence found on this inspection indicated that residents' rights were respected in this centre.

Residents were seen to be supported to exercise choice and control in their daily lives and to participate in decisions about their own care and support. For example, an inspector observed and heard residents choosing their own activities and schedules for the day and being supported to complete these. Residents were seen to have autonomy over their daily lives.

Residents were afforded privacy in their own personal spaces and staff were observed to interact with residents in a dignified and supportive manner. For example, staff were seen and heard to consult with residents about activities and mealtimes. The layout of the centre also provided each resident with ample living space and provided for privacy to be afforded to residents. Staff spoken to during the inspection presented a positive overview of residents and their lived experiences, and had a strong awareness of residents' preferences and communication styles.

Measures were taken to safeguard residents' rights to be involved in and make decisions about their own lives. Capacity assessments had been completed that covered areas such as finances and medications and residents were seen to retain ownership of these areas of their lives when it was desired and safe to do so. Tenancy agreements were viewed between the residents and the housing body that owned the premises and contracts of care in place had been updated to reflect an increase in rent paid by residents.

Residents were provided with advocacy services if required and there was ample evidence that advocacy and rights were discussed regularly with residents.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant