



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:	04 February 2025
Centre ID:	OSV-0005106
Fieldwork ID:	MON-0046113

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, three living rooms, bathroom facilities and garden areas. Staff support is provided by social care workers and care assistants. the designated centre was within easy reach of local towns and Waterford city.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 4 February 2025	12:00hrs to 19:00hrs	Linda Dowling	Lead
Tuesday 4 February 2025	12:00hrs to 19:00hrs	Conor Brady	Support

What residents told us and what inspectors observed

This inspection was completed by two inspections over one afternoon. This inspection was completed as a follow up to a previous risk inspection that showed high levels of non compliance. Overall, it was evident that the provider had implemented new systems and processes to ensure full oversight of the service and maintain residents' safety. Areas where further improvements were required will be discussed further under Regulation 5: Individualised assessment and personal plan, and Regulation 26: Risk management procedures.

On arrival to this centre on this unannounced inspection there was nobody home when inspectors arrived. The inspectors walked around the outside grounds and gardens of the centre which were substantive. This centre was located in a rural location set in a large country home located on a rural farm close to a river which was a quiet and idyllic setting. Inspectors phoned the person in charge who arrived in the centre shortly after the call. The person in charge explained residents were in their day programmes and individualised services and would be home shortly.

Inspectors met with all residents when they returned to the centre from their respective days. Most residents presented as very happy and comfortable. These residents told the inspectors that they liked living in their homes, felt safe and had good lives. Residents who communicated non verbally indicated that they were content and happy and were observed as presenting as very comfortable in their homes. They were observed coming in, hanging up coats, dropping bags, going to their rooms, chatting/communicating with staff and having their home cooked evening meal. Staff on duty spoke with inspectors and were observed as experienced, attentive and familiar to the residents. Residents with specific communication needs had a variation of picture exchange and sign language in place. Residents had individual spaces to watch TV, listen to an old record player with vinyl records and a warm, clean and comfortable home environment and atmosphere was evident.

The next two sections of the report present the inspection findings in relation to the governance and management of the centre, and how governance and management affects the quality and safety of the care and support being delivered.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the inspectors found that there was improved governance and management systems in place to ensure the person in charge had oversight of the centre and the safety and well being of the residents on a daily basis. There was also a noted improvement in the presence of management within the centre resulting in a positive impact on the staffing team and lived experience of the residents. The provider had ensured a core team that were suitably trained and supported.

Regulation 15: Staffing

The provider had ensured that a core staff team was present in the centre that was consistent and in line with the statement of purpose and the current assessed needs of the residents that lived there. The person in charge had effective oversight of the roster and was planned in advance for absence such as leave and training. These gaps in the roster were being filled by the core team taking on additional shifts or by a regular relief staff who was assigned to this centre. The residents were aware of who was working through discussion at their residents meetings.

Staff were observed to have a good understanding of the residents' needs and interests. Staff encouraged the residents to get involved in activities and plan their day in a positive manner. The inspectors observed several interactions between all residents and members of the staff team all of which were respectful and allowed the resident to voice their requests or opinions. For example, one resident came in from day service and said they weren't having dinner they had lunch out and the staff offered them some alternative lighter options instead of dinner.

Judgment: Compliant

Regulation 16: Training and staff development

There was effective system in place for the training and development of the staff team. Inspectors reviewed the training matrix that was available within the centre and it showed all staff were fully trained in all mandatory, compulsory and site specific training. Such training included, fire safety, manual handling, safeguarding, SIF1, safe administration of medication and person outcome measures. The person in charge was actively working on carrying out staff support meetings with each member of the team. On review of the minutes from these meetings for three staff members inspectors found them to be detailed. They discussed roles and responsibilities for the staff member including supports from the resident, health and safety, personal development and performance. The meetings were concluded with a focus on action plans assigned to the staff member and/or the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found much improved oversight in the centre with clear evidence of an increased person in charge presence, oversight, supervision, management and involvement in the centre. The Board, CEO, Senior management, Regional management, Compliance management had all been in the centre since the previous inspection. Much greater levels of oversight, support and follow up were now much more evident in terms of both safety and quality of care. The staff team on duty informed inspectors that they felt supported by the changes. The pending re-assessed needs of one resident remained a challenge for this centres management and based on all information reviewed on this inspection - short, medium and long term planning and managerial decision making will be required in the ongoing support of this resident's current placement.

The person in charge had implemented a new handover system to ensure they had sufficient oversight of the centre. The inspector reviewed the handovers for the month of January 2025. The handover document was completed by the sleepover staff each morning before they finished their shift they shared it via email to the person in charge, senior manager and behavioural support specialist. The handover included an overview of the residents well being, any incidents or accidents, medication changes or administration of PRN. The person in charge also had a verbal handover with senior staff as they started and finished their shift.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the quality and safety of care provided for residents, were of an improved standard. Inspectors observed that residents had opportunities to take part in activities and to be involved in their day programmes and in their local community. Residents were seen to be making decisions about how they wished to spend their time, and were supported in maintaining connections with family members. As previously mentioned, assessments for one resident were ongoing at the time of inspection.

Residents were supported to live in a home that was clean and tidy, the centre had a homely atmosphere and the residents had several communal spaces where they could relax, watch TV, listen to music or spend time with staff.

The provider had identified a number of safeguarding risks and had appropriate risk assessments in place although the provider was currently working from two risk assessment systems, this is an area that required improvement.

Regulation 13: General welfare and development

On arrival to the centre all residents were attending their individualised day programmes. Residents arrived back to the centre between 16.30-17.30 and were seen to inform staff of what they were involved in during the day, some activities included, swimming, driving diggers and having a meal out. Residents and staff were all aware of the plan for the evening and one resident informed the inspectors they were going to the local pub for a drink supported by a staff member. Another residents informed inspectors they enjoy going for a meal out on a Wednesday evening with their peers.

Residents were supported to engage in educational based training such as online safety and safeguarding. One resident has the support of weekly psychology meetings where they focus on developing the residents awareness on topics such as alcohol consumption and healthy lifestyle.

From observation of the residents in their home they were very comfortable, residents approached and interacted with staff with ease. Staff members were able to understand all communication attempts by the residents and were seen to respond to requests appropriately.

Judgment: Compliant

Regulation 17: Premises

As mentioned previously this centre was in a rural location and was set on a farm with a view of river to the rear of the house. The house itself was spacious and warm. The residents had ample communal spaces to watch tv listen to music, play records or just sit with staff or visitors. The house was nicely decorated with a homely feel, there was personal achievements and photos of residents enjoying various activities such as horse riding displayed on the walls in the hallway.

Each resident had their own room and on review of the rooms they were found to be clean and tidy. One resident who's bedroom was in neglectful conditions on the previous inspection was now found to be clean and well kept. The resident was supported to keep their room free from rubbish and food items and was encouraged to launder their clothing on a regular basis. They were also supported with weekly support meetings to understand the importance of keeping their room clean.

On review of the cleaning schedules there was an effective system in place to ensure the house and all bedrooms were keep clean and in good condition.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, the provider had identified a number of risks both centre specific and individual. The provider had recently updated the risk assessments and staff were informed of the updates. From review of documentation the person in charge was discussing risk and risk management at team meetings and supervision meetings with staff. It was evident that the control measures listed on risk assessment were implemented in the centre. Any concerns or challenges that arose in relation to implementing these control measures was escalated to the person in charge through the daily handover. For example, one resident had become challenging on a number of occasions when staff supported them to clean their room, this was also noted on the individuals cleaning schedule. The person in charge had discussed this at the team meeting and developed guidance for staff on how to respond to the resident when they become challenging to ensure the response was consistent. There was also guidance in place on how to clean the residents bedroom to ensure it was done effectively and with the least impact on the resident.

In terms of areas for required improvement, the centre was operating two separate approaches to risk identification/recording which was confusing and left the potential for human error. In addition, upstairs windows in this two storey building all had window restrictors (to prevent large windows fully opening and someone falling from a height). Inspectors noted that two resident bathroom windows were missing these safety restrictors which needed to be addressed. The provider stated this would be done immediately (at feedback meeting) and a health and safety review would take place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

On this inspection the provider was seen to be implementing their policies, procedures and systems for the receipt, storage, return and administration of medications. The inspectors observed that there were suitable storage facilities for all residents medicines, including prescription and over the counter medication.

The provider had completed an updated assessment to determine if one resident could self administer their own medication. This assessment was carried out with the support of the residents psychiatrist. The results showed the resident would require full support managing their daily medications requirements. The resident was meet to inform them the staff team would support them with all their medication going forward. On one occasion this resident had returned to the centre with an item of over the counter medication. The staff responded appropriately to the incident, they supported the resident at the time of the incident and escalated it to the person in charge, who brought it to the attention of the service manager and

the multi-disciplinary team meeting. The inspector reviewed the prescriptions (Kardex) for this resident and noted that they had up-to-date records in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall there were clear and comprehensive assessments in place for most residents. Four residents were found to be very well supported in line with their needs, wishes, preferences. One resident was not. The inspectors were informed that this resident had an assessment (forensic risk) ongoing at the time of inspection. Inspectors were informed that this would provide the assessment led care and direction of travel for this residents ongoing and future support needs. As this assessment was not yet complete, the appropriate arrangements to reflect the current circumstances were not yet in place. Given previous risk and safeguarding findings, what inspectors were told and observed by this resident on this inspection, this is a critical piece of work for this resident and this centre.

Judgment: Not compliant

Regulation 8: Protection

Inspectors found up to date and effective safeguarding plans in place where required. These safeguarding plans were also supported by an associated risk assessment which gave guidance to staff.

While the provider had introduced a number of restrictions in relation to the protection of one resident these restrictions were reviewed by the multi-disciplinary team members and were referred to the human rights committee that was due to review them by the end of February. Risk assessments had also been updated to reflect the addition of restrictive practice that were currently in place.

Since the last inspection where a restrictive practice was identified as not being the least restrictive this had been discussed at multi-disciplinary team meeting and the provider was in the process of a reduction plan for this restriction. The reduction plan had been broken down into three phases and the person in charge informed the inspectors they were currently in phase two and over the next two weeks they would move into phase three where the restriction would be removed.

Residents were informed of their rights and how to exercise these rights. For example, residents were informed of the complaints process and how to access advocacy if required.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Parkside Residential Services Kilmeaden OSV-0005106

Inspection ID: MON-0046113

Date of inspection: 04/02/2025

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none">• The window restrictors have now been installed.• The latest risk assessment for one resident has been added to the risk register. The risk register is now only housed in one location to help prevent confusion and human error.	
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: <ul style="list-style-type: none">• The final session of the forensic assessment is taking place on 14.03.2025. In the interim the restrictive practices required for one resident remain in place.• The completion of this forensic assessment will guide the provider in how best to support this resident in the short, medium and long term.	

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 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	10/03/2025
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual	Not Compliant	Orange	30/05/2025

	basis.			
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