



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

## Issued by the Chief Inspector

Name of designated centre:	Park View
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	04 July 2022
Centre ID:	OSV-0005828
Fieldwork ID:	MON-0028523

## About the designated centre

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

Park View is a residential service located in Kilkenny close to a range of local amenities. The service provides supports for up to four individuals with an intellectual disability, over the age of eighteen years. The service operates on a 24 hour, 7 day a week, basis ensuring residents are supported by staff members at all times, with effective governance systems in place. As set out by the provider, Park View “aims to develop services that are individualised, rights based and empowering, that are person centred, flexible and accountable”. The accommodation currently consists of two apartments within a two storey house, each comprising of two bedrooms, living room, kitchen and bathroom.

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

Number of residents on the date of inspection:	2
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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
Monday 4 July 2022	10:00hrs to 16:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to inform decision making with regard to the renewal of the centre's registration. Overall, the findings of this inspection were, that this centre had good management systems in place and was well run.

This centre comprises one two storey building divided into two apartments one upstairs and one downstairs that are separate to each other. The apartments have their own entrances and the garden to the rear has been subdivided so each apartment has their own space for residents to relax. There is access to both apartments from the rear of the property. The centre is registered for a maximum of four residents however, currently is home to two individuals, one per apartment. The inspector had the opportunity to meet both residents over the course of the inspection albeit one resident was only present for a short period of time. The inspector also had the opportunity to meet with members of the staff team, management team and a resident's family member.

One resident was leaving to attend their day service shortly after the inspector arrived in the morning. The resident greeted the inspector and welcomed them to their home. They had ensured their belongings were ready for their day and were observed encouraging staff to move towards the centre vehicle indicating they were ready to leave. The resident stated that they hoped the inspector had a good day in the centre and said goodbye to staff.

The other resident came to their front door to greet the inspector and welcomed them. The inspector joined the resident and staff in the kitchen for a cup of coffee and heard that the resident was going to visit a friend of theirs that morning as it was their birthday. The resident had bought their friend a birthday present and the staff had helped them wrap their gift the resident showed the inspector the gift wrapping. The inspector observed the resident directing staff as they were leaving, indicating which one should drive and who was to sit in the rear of the vehicle. The residents in this centre used a variety of communication styles and the staff were seen using a total communication approach that included manual signing, verbal language, gesture and visual cues. Over the course of the inspection the staff were observed supporting the residents in a respectful and kind manner.

Prior to leaving the centre with a resident staff were observed preparing a nutritious lunch and later in the day on their return the resident sat with staff to enjoy their meal. A family member later called into the centre and joined the resident for a conversation and had brought them a gift for their home. The family member spoke with the inspector and explained that since their family member had lived in the centre they were happy and well cared for. They told the inspector that they 'always felt welcome and the kettle was always on in their family members home'.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. Both residents

completed the questionnaire with staff support and stated that they were happy in their home and gave examples of activities they enjoyed such as, visiting friends, going to the cinema, going swimming and having dinner or a coffee out. Residents commented that they liked the staff that supported them, were happy with staff with one resident remarking that they especially liked being supported to make and have fruit salad.

The inspector had based themselves in the staff office in one of the apartments which also contained a sofa and area to relax should residents or their families wish to spend time in the room. The resident who was present for the day came to interact with the inspector and joined their family member in a conversation with the inspector.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of the service being delivered.

## Capacity and capability

This announced inspection was completed to inform a decision regarding the renewal of registration of the centre. Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. The management systems were ensuring that there was oversight of care and support for residents living in the centre. There were systems to ensure that staff were recruited and trained to ensure they were aware of, and competent to, carry out their roles and responsibilities in supporting residents in the centre.

Throughout the inspection warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available for residents should they require any support, but to encourage residents to be independent doing tasks around their home, and to make choices about what they wanted to do. Residents and a residents' representative were very complimentary towards the staff team.

The person in charge was in the centre a number of times weekly and also was named on the roster to provide direct care and support for a number of hours a week. They were available on the phone for the remainder of the week. There was also a 24/7 manager on-call system should residents or staff require support in their absence. The person in charge was found to be familiar with residents' needs and motivated to ensure they were happy, well supported, spending their time as they wished, and achieving their goals.

## Regulation 15: Staffing

There were sufficient numbers of staff to meet the assessed needs of the residents in the centre. The provider had ensured that a consistent team of staff was in place and there were no vacancies. Should there be a requirement to use additional staff to cover holiday or other leave periods then consistent cover from the provider's relief panel was used.

The inspector reviewed the centre rosters and found them to contain all information as required and to be well maintained. The rosters were planned eight weeks in advance. All staff provided support to both residents and covered both day and night shifts. There was an on-call roster for out of hours cover and this ensured that staff could access support at all times.

Judgment: Compliant

## Regulation 16: Training and staff development

All staff had completed mandatory training in line with the organisation's policy. In addition staff had completed training that was in line with the residents' assessed individual needs, including 'managing feeding, eating, drinking and swallowing disorders' and 'epilepsy management'. The provider and person in charge had a system to track staff training needs and to follow up with them and the training department when they were due training or refreshers. The provider had a training schedule in place for the year and this ensured that staff could plan their time to attend courses as required.

The provider had a system of practice development in place for staff that ensured there were continuous professional improvement opportunities available and also ensured that all staff reviewed the provider's policies on a routine basis.

The person in charge provided formal support for staff in their role and with their responsibilities via supervision. There was a supervision schedule in place for the year which the inspector found was being followed. Where actions were identified during supervision there were clear plans in place for the completion of these. Informal support was also in place via a system of 'on the job' mentoring which covered practical aspects of the staff role such as accessing and using the provider's computer or file systems.

Judgment: Compliant

## Regulation 23: Governance and management

From speaking with staff and reviewing documentation, it was evident that there were systems in place for the oversight and monitoring of care and support for residents in the centre. There was an audit schedule in place in the centre and regular audits were occurring such as care plan and medicines management related audits. Audit action plans were in place and the person in charge reviewed these and ensured they had been completed.

The centre was well run and there were clearly-defined management structures. The person in charge had responsibility for another centre run by the provider which was close by and they divided their time equally. Staff had specific roles and responsibilities and staff who spoke with the inspector were aware of these and motivated to ensure that residents felt happy and safe in their home. The staff team met regularly and the inspector found through review of the minutes that these meetings were resident focused.

The provider ensured they had oversight of the service provided in the centre and completed an annual review and six monthly unannounced audits in line with the requirements of the regulations.

Judgment: Compliant

### Regulation 3: Statement of purpose

This is an important governance document that details the care and support in place and the service to be provided to residents in the centre. Some minor aspects of this required review in relation to the description of the rooms in the centre. This was completed the day following the inspection and submitted to the inspector.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record was maintained of incidents occurring in the centre and the Chief Inspector of Social Services was notified of the required incidents as set out in Regulation 31.

Judgment: Compliant

### Regulation 34: Complaints procedure



The inspector found that residents were aware of the complaints process and it was available in an easy-to-read format, and displayed in each of the apartments. There was also a picture and contact details of the local complaints officer on display.

There was a complaints policy and a system in place to ensure complaints would be responded to appropriately and that records were maintained. No complaints had been recorded as received for this centre. There were however, a substantial number of compliments on record.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were in receipt of a good standard of care and support in the centre. They lived in warm, safe and comfortable homes. They were being supported to be active participants both in their home and their local community. Care and supports were delivered through a person-centred approach.

The apartments were decorated in a homely manner and they were well maintained, one resident had stated on their questionnaire that they liked their bedroom and their curtains which were new. Both apartments were well furnished and residents' bedrooms were personalised to suit their tastes. Residents had access to adequate storage for their personal belongings. There were suitable arrangements in place to control the spread of infection in the centre. Residents and staff were protected by the infection prevention and control policies, procedures and practices in the centre.

As mentioned earlier in the report, residents were very much involved in the day-to-day running of their home. Residents' meetings were occurring regularly and agenda items included areas such residents' rights, advocacy, safeguarding, fire, menu planning, infection prevention and control, and activity planning.

Overall, the inspector found that residents were supported to enjoy a good quality of life and that they were in receipt of a good quality and safe service. The provider and staff team were making considerable efforts to ensure they were happy, safe, and engaging in activities they enjoyed.

## Regulation 17: Premises

The apartments that comprise this centre were found to be clean, homely, well maintained and designed and laid out to meet the number and needs of residents in the centre. Residents were observed to be respectful of each others apartments and

when they visited each other they were respectful of private spaces.

There was adequate private and communal space, and suitable heating, lighting and ventilation in each apartment. A shared utility room was accessed externally from the side of the property. To the rear of the building the garden had been divided so that each apartment had their own area to relax however there was access through a gate in the fence so residents could move freely from one side to another.

Residents had their personal belongings on display throughout their homes and notice boards in each kitchen were personalised to the individuals who lived there.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had ensured that there were systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Risks and hazards in the centre were clearly identified, and there were adequate control measures in place.

General and individual risk assessments were developed and reviewed as required with specific protocols in place to guide staff on implementing control measures into practice for example, when lone working and how to monitor both apartments. There was a risk register in place which was reflective of all risks, and which was being regularly reviewed.

Judgment: Compliant

### Regulation 27: Protection against infection

Residents and staff were protected by the infection prevention and control procedures and practices in the centre. Staff had completed a number of infection prevention and control related trainings. The physical environment was clean and there were cleaning schedules in place to ensure that each apartment and the utility room were regularly cleaned. The schedules were reviewed by the person in charge and the provider ensured regular audits for infection prevention and control were completed.

Residents and staff were provided with current information about ways to protect themselves from infection, particularly the steps they take to reduce the risk of acquiring COVID-19. Live documents were made available for staff on the provider's internal systems. The person in charge and staff team completed a symptom check for all visitors who arrived to the centre and resident health observations are

completed daily.

A recent outbreak of COVID-19 in the centre had been well managed and the inspector found that the contingency plans and risk assessments in relation to COVID-19 had been reviewed and updated to take learning from this outbreak into account. There were suitable arrangements for laundry and waste management in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There was suitable fire equipment in place and systems to ensure it was serviced as required. There were adequate means of escape and sufficient emergency lighting in place. There was a procedure for the safe evacuation of residents and staff, which was prominently displayed.

Each resident had a personal emergency evacuation plan (PEEP) which was clear in relation to any supports they may require. Fire drills were occurring regularly in the centre and being completed at different times, and when the minimum number of staff and maximum number of residents were present. Staff had completed fire safety awareness training.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need completed which identified their health, personal and social care needs. These assessments were used to inform the development of care plans which were contained in their personal plans. Residents' personal plans reflected their assessed needs and outlined any support they may require to maximise their personal development and independence. There was documentary evidence of residents' involvement in the development and review of their personal plans.

Daily schedules were in place and the inspector found that these were detailed and demonstrated choices that residents could make, and evidence that self help and independence skills were incorporated on a daily basis.

Judgment: Compliant

## Regulation 6: Health care

Residents had their healthcare needs assessed and care plans were developed and reviewed as required. Residents had a general practitioner (GP) of their choice and were supported to access health and social care professionals in line with their assessed needs.

Each resident had completed an annual review of their health and there was a summary document maintained of all appointments and reviews that were completed or planned. Residents' support plans were detailed and there was evidence that these were reviewed and updated if their needs changed. Residents were linked to national health screening programmes as appropriate and were supported to attend routine reviews with professionals such as dentists or chiropodists.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider promoted a positive approach in responding to behaviours that challenge and staff had attended training in de-escalation and intervention. Residents had positive behaviour support plans in place that had recently been reviewed and clearly guided staff to support individuals to manage their behaviour. The person in charge had ensured that residents attended specialist appointments and that findings from these were incorporated into the resident's personal plans.

There were few restrictive practices in operation in the centre to promote the safety of residents. These were found to have been assessed and were subject to regular review. The provider had a restrictive practice committee that also provided oversight and review of all restrictive practices in place.

Judgment: Compliant

## Regulation 8: Protection

Residents were supported to develop their knowledge, understanding, and skills needed for self-care and protection. Protection from abuse was discussed regularly at residents and keyworker meetings.

Staff had completed safeguarding and protection training to ensure they were aware of their roles and responsibilities should they become aware of an allegation or

suspicion of abuse. Staff who spoke with the inspector were aware of these roles and responsibilities. There were systems in place to ensure that allegations or suspicions of abuse were followed up on in line with the organisation's and national policy and procedures.

Where residents had safeguarding plans in place the inspector found that the provider had adjusted their pathway following a change in personnel, to ensure that there was a process in place for the persons in charge to ensure review of plans was completed in a timely manner.

Judgment: Compliant

## Regulation 9: Residents' rights

Overall, the inspector found that residents were involved in the day-to-day running of their home, making choices in relation to what they did and where they spent their time, and supported and encouraged to be independent.

From speaking with staff, residents, and reviewing documentation, it was evident that residents needs and interests were guiding discussions in resident meetings. Residents had access to information on how to access advocacy services, and some residents had previously accessed these services for support.

It was evident that the centre was managed in a manner that encouraged residents to exercise their independence, and to take risks in their daily lives. For example one resident was supported in learning to use a mobile telephone so that they could spend time on their own in the apartment but could request staff help 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant