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:	Parknasilla
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	30 June 2021
Centre ID:	OSV-0001691
Fieldwork ID:	MON-0033128

About the designated centre

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

Parknasilla is a designated centre operated by Sunbeam House Services Company Limited by Guarantee. Parknasilla offers residential services for up to ten adults with disabilities (both male and female). It is located in Co. Wicklow within walking distance of a large town which provides access to a range of community based amenities to include hotels, restaurants, pubs, parks, shops and shopping centres. The centre comprises of two large houses on the same street. Each resident has their own individual bedroom, decorated to their individual style and preference. Communal facilities are provided including kitchen/dining room, sitting rooms, visitors' room and a TV room. The centre is staffed with an experienced and qualified person in charge. The person in charge is supported in their role by a team of qualified social care workers. Residents are also supported to experience best possible health and have access to a range allied health care professionals, as required to include General Practitioners and clinical services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 30 June 2021	09:00hrs to 16:15hrs	Jacqueline Joynt	Lead
Wednesday 30 June 2021	09:00hrs to 15:30hrs	Ciara McShane	Support

What residents told us and what inspectors observed

Overall, the inspectors found that the provider and staff endeavoured to promote an inclusive environment where each of the resident's likes, wishes and intrinsic value were taken into account. Residents advised the inspector that they enjoyed living in the designated centre and were happy with the support provided by staff. The centre comprised of two separate houses. For the most part, residents appeared happy in the company of their housemates. However, in one house the inspectors found that, at times, not all residents were happy with who they shared their home with and this resulted in negative lived experiences for the residents.

The inspectors were based in one house for most of the inspection. Throughout the day they met with four of the residents living in the house and at the end of the day, one inspector visited the other house and met with three of the residents living there.

Observations of both premises were limited due to current health pandemic guidelines. On entering the first house, overall, the inspectors found the physical environment of the house was clean and in good decorative repair however, a number of structural repairs were observed to be required with the most urgent being the damaged sitting room door. There were a variety of photographs of residents and their friends and families on the walls in the main downstairs sitting room and in the kitchen. For the most part, the inspectors observed the house to be homely with a relaxed feel to it.

Residents were supported to express themselves through their personalised living spaces. In the second house, two of the residents invited the inspector to view their bedrooms. The residents appeared proud and happy to show off their rooms and told the inspector that they had participated in the decision making of the décor and that the layout and design was the way they liked it. There was an atmosphere of excitement in the house as residents had just commenced returning to activities that previously had been restricted due to the current health pandemic. Residents told the inspector that they had visited their family home, returned to some social activities and one resident had just received their second vaccination.

In the morning, one of the inspectors met with two residents who were enjoying an art activity in the kitchen with a staff member. During this time the inspector observed a behavioural incident which resulted in a change of atmosphere in the kitchen. The staff member supported the resident to relax and return to a calm mood. However, the inspector found that the change in mood and atmosphere during the incident, appeared to impact negatively on the enjoyment of the activity for both residents.

Residents had been supported by their staff members to complete a Health Information and Quality Authority (HIQA) 'resident questionnaire'. Overall, the feedback in most questionnaires was positive. Residents noted how they were

looking forward to returning to community activities and visitations when the COVID-19 restrictions eased further. The questionnaires noted that residents were happy with their bedrooms however, two residents expressed that they would like a bigger room. Residents included that they were happy with the meals provided and some residents' questionnaires noted that they enjoyed participating in the preparing and cooking of meals. Residents were happy with the choice of activities with some residents noting that they were happy to have achieved a number of their goals to date. Overall, residents noted that they were happy with the care and support provided by staff including the amount of choice and control they had in their daily life. Furthermore, residents included that they knew who to talk to should they want to make a complaint and for the most part, residents were happy with how the complaint had been dealt with.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in regular residents' house meetings where matters were discussed and decisions made. For example, during the meetings residents discussed activities which they wanted to participate in, sharing household tasks and current affairs such as keeping safe during the current health pandemic.

Residents were supported to access appropriate health information both within the centre and in the community which promoted their independence. One of the residents spoke with the inspector and explained about a safety device they wore on their person at all times which monitored their specific health condition. The resident seemed fully informed about the devise, how it worked and its importance in keeping them safe when at home or out in the community.

In summary, the inspector found that overall, the person in charge was endeavouring to ensure the residents' well-being and welfare was maintained to a good standard. The inspector found that, for the most part, there were systems in place to ensure residents were in receipt of good quality care and support. Residents were supported to be as independent as they were capable of and to be educated and knowledgeable in matters that kept them safe. However, the inspector found that in one house, improvements were warranted to the designated centre to ensure that it met the needs of all residents. Furthermore, urgent repair work was warranted in a communal room to ensure adequate fire containment measures were in place. Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment.

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 to each resident living in the centre.

Capacity and capability

Overall, the inspector found that the person in charge and staff were striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service. There was a clearly defined management structure in place in the centre. The service was led by a capable person in charge, supported by a deputy and senior manager, who were knowledgeable about the assessed needs of the residents and the supports required to meet those needs. Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. Since the last inspection, a number of improvements had been made which resulted in positive outcomes for the residents. For example, the relocation of an office in one house resulted in large bright and airy bedroom being made available to a resident. However, due to issues pertaining to the protection of residents and issues relating to fire containment measures, the provider was not operating one of the houses within the centre in a manner that ensured residents were living in a suitable environment to meet their assessed needs or were safe at all times. These issues are addressed further in the quality and safety section of the report.

This risk-based inspection was completed as there had been no inspection carried out in this centre since August 2019 and an update was required in advance of the designated centre's registration renewal.

Overall, the inspectors found that the local governance and management systems in place were found to operate to a good standard in this designated centre. There were regular team meetings which provided an effective way of keeping staff informed and sharing learning. For example, matters such as COVID-19 updates, staff training and development and care and support provided to residents were discussed. There was a comprehensive local auditing system in place by the person in charge, with the assistance of the deputy manager, to evaluate and improve the provision of service and to achieve better outcomes for residents. Where improvements were warranted overall, they were promptly addressed and completed. However, where the actions relied on resources external to the centre, the inspectors found that although they had been directed to the correct department in the organisation, the response to completing the actions was untimely and overall impacted on the safety of the residents. For example, a number of health and safety maintenance tasks, including fire containment tasks which were raised in September 2020 and again in February 2021, had not yet been completed. Post inspection an urgent action plan with a required completion date was issued to the provider.

The provider had completed an annual report in December 2020 of the quality and safety of care and support in the designated centre. However, improvements were warranted to ensure that the annual review was fully effective. A number of improvements identified in the review did not include a clear action plan or a timescale for them to be completed. Furthermore, the six monthly unannounced review, to ensure service delivery was safe and that a good quality service was provided to residents, had not been completed since the review in September 2020.

The inspectors observed that there was a staff culture in place which promoted and protected the rights and dignity of the residents through person-centred care and support. There was a staff roster in place and overall, it was maintained appropriately. For the most part, the roster identified the times worked by each

person however, improvements were warranted so that the roster clearly recorded when the person in charge was present in each house and clearly identified the full names of the agency staff who worked in the centre.

There had been a 50% increase of new staff to the centre's workforce since July 2020 with a further vacancy for three staff yet to be employed. Where relief and agency staff were employed, the person in charge advised the inspectors that in an effort to provide continuity of care to residents, staff who were familiar to the residents and were knowledgeable of their assessed needs, were employed. The person in charge had increased the number of staff working per day in the centre; This was to support the recent increase in behavioural incidents and to accommodate and support residents participate in community and centre based activities while their day services were closed.

Throughout the day, the inspectors engaged in brief conversations with a number of staff and found that they had a good understanding of the residents' needs and were knowledgeable in the supports to meet their needs. Furthermore, the inspectors observed kind and caring engagements between staff and the residents.

The provider had a clear system in place to ensure there was oversight over staff training and development needs. The inspectors reviewed a training matrix which outlined the training offered and provided by the provider, most of which was mandatory. The provider also had a clear policy in relation to staff training and development that had been reviewed October 2020 to reflect revised training arrangements as a result of COVID-19. A training calendar was also in place for 2020, along with regular updates from the learning and development department keeping managers and staff briefed. It was found there were a number of training needs that had not been fully met by staff and for the most part this was attributed to the ongoing health pandemic. Gaps in training were found in areas such as the management of epilepsy, food hygiene, first aid and management of behaviours that challenged. There was evidence where staff, who were overdue training in some areas, were booked in for training but this was not evident for all.

It was evident from a review of sample supervision records that staff, at all levels, received regular supervision. The inspectors also noted there was a robust induction system in place for new staff, which was very detailed and involved a programme of works in addition to a bespoke induction for relief and agency staff. All ten staff that had commenced working in the centre since July 2020 received an induction.

The inspectors found that for the most part, there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. However, the centre’s notifications for quarter one of 2021 had not been submitted to HIQA as per the regulatory requirement.

The provider had a system in place to oversee and manage complaints. There was a poster placed in a visible area in the centre, which was accessible to residents, outlining how to make a complaint and detailed who the complaints officer was. There was also a log of complaints maintained electronically which the inspectors reviewed. Since the previous inspection there was a total of nine complaints made,

eight of which had been closed and noted as being resolved. At the time of inspection one of the complaints remained opened, the complaint was first made 16 March 2021 and from a review of the complaint form it was unclear on how and when the issue of complaint would be resolved. The inspectors spoke to the person in charge about this matter who was able to provide a verbal update and committed to updating the complaints form. The inspectors also found that while five of the complaints had been closed and marked as resolved the issue was still ongoing. This has been reflected and captured under regulation 8, safeguarding.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The inspectors found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives

Judgment: Compliant

Regulation 15: Staffing

Overall, the roster identified the times worked by each person however, improvements were required to the roster so that, at all times, it identified the full names of the agency staff who worked in the centre. In addition, improvements were warranted so that the roster clearly recorded when the person in charge was present in each house.

Due to the significant increase in new staff to the workforce, staff vacancies and unnamed agency staff on the roster, continuity of care and support to residents could not be fully ensured at all times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

It was found for that there were a number of training needs that had not been fully met by staff and for the most part this was attributed to the ongoing health pandemic. Gaps in training were found in, but not limited to, areas such as the management of epilepsy, food hygiene, first aid and management of behaviours that challenged.

There was evidence where staff, who were overdue training in some areas, were booked in for training but this was not evident for all.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the management systems in place to ensure that the service provided to residents was safe, appropriate to their needs and effectively monitored required improvement.

Where the actions from the centre's local audits relied on resources external to the centre, the response to completing the actions was untimely and overall impacted on the safety of the residents.

The annual report on the quality and safety of care and support in the designated centre did not include, at all times, a clear action plan or a timescale for some identified improvements. Furthermore, the six monthly unannounced review, to ensure service delivery was safe and that a good quality service was provided to residents, had not been completed within the required six monthly time frame.

Judgment: Not compliant

Regulation 3: Statement of purpose

Overall, the statement of purpose contained all required information, as per Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors found that for the most part, there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. However, the centre's notifications for quarter one of 2021 had not been submitted to HIQA as per the regulatory requirement.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had a system in place to oversee and manage complaints.

Since the previous inspection there was a total of nine complaints made, eight of of which had been closed and noted as being resolved. At the time of inspection one of the complaints remained opened, the complaint was first made 16 March 2021 and from a review of the complaint form it was unclear as to how and when the issue of complaint would be resolved. The inspectors spoke to the person in charge about this matter who was able to provide a verbal update and committed to updated the complaints form. The inspectors also found that while five of the complaints had been closed and marked as resolved the issue was still ongoing. This has been reflected and captured under regulation 8, safeguarding.

Judgment: Compliant

Quality and safety

The inspectors found that the provider and person in charge were endeavouring to ensure that residents' health and well-being was maintained to a good standard. Residents were supported to live as independently as they were capable of. For the most part, residents were supported to enjoy a good quality life which was respectful of their choices and wishes. A number of improvements had taken place in the centre since the last inspection and had positive outcomes for residents. However, on the day of inspection, the inspectors found that further improvements

were required and in particular, relating to one of the houses in the centre. Fire containment measures required attention to ensure the safety of residents. Furthermore, improvements were warranted to ensure the protection of all residents at all times. Overall, the inspector found that due to ongoing behavioural incidents occurring in one house, the lived experience of residents was not always positive.

There had been a significant increase of behavioural incidents between July 2020 to June 2021. A number of the incidents took place in communal areas and were observed by other residents living in the house resulting in a negative impact for residents. On review of documentation, the inspectors found that residents had raised their unhappiness about this situation through their house meetings and through the complaints process.

The person in charge, supported by their deputy and senior management, had endeavoured to implement strategies such as increased staffing levels and additional community activities in an effort to reduce behavioural incidents occurring and to ensure a positive lived experience for all residents living in the house. However, on review of supporting documentation such as safeguarding and positive behavioural support plans, the inspectors found that the lack of regular review and implementation of some actions, impacted on the effectiveness of the plans. Proposals for alternative living arrangements that might better meet the needs of a resident were submitted to the provider however, on the day of inspection no satisfactory response or outcome was in place. Overall, as this situation remained ongoing the inspectors found that not all residents were protected from all forms of abuse at all times.

Notwithstanding the above, there was an up-to-date safeguarding policy in the centre and it was made available for staff to review. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. The person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. Where appropriate, residents were provided with a behavioural support plan. The inspectors found that where there had been an increase in behavioural incidents, two reviews of the particular positive behavioural support plan, associated with the incidents, had been completed since 2020. However, to ensure the effectiveness of the plan, the overall frequency of reviews during periods of increased behavioural incidents, required addressing.

The number of restrictive practices in place in the centre had reduced since 2020 which resulted in positive outcomes for residents. Where a restrictive practice was in place for one resident, arrangements had been put in place so that the restriction did not impact on other residents. Overall, where applied, restrictive practices were clearly documented and were subject to review by the organisation's rights review committee.

The inspectors found that appropriate healthcare was made available to residents having regard to their personal plan. The plan included an assessment of the residents' healthcare needs and supports required to meet those needs. Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP) which included an annual health check for each resident. The inspectors found that overall, the residents' healthcare plans were reviewed at regular intervals. Resident plans contained easy-to-read information regarding each of their specific medical conditions and explanations for medicines administered to them. Furthermore, on speaking with some residents, the inspectors found that they were informed and educated about their prescribed medication and what it was for.

Inspectors reviewed the arrangements in place to ascertain how residents were supported to buy, prepare and cook their own meals if that was their preference, in addition to ensuring there was sufficient quantities of wholesome and nutritious food and drink for the residents to choose from. The inspectors found that the kitchen was sufficiently stocked with fresh and dried produce, this was evident from observing the contents of the fridge and store cupboards in the kitchen area. Residents told the inspectors they had nice meals and that they would assist the staff with meal preparations and enjoyed baking also. Staff told the inspector that the food shop was completed weekly and residents had input and their preferred items were added to the shopping list. The inspectors reviewed an online shopping receipt which evidenced wholesome and nutritious food was purchased in sufficient quantities. A meal plan was also in place for residents and visible in the kitchen. Each week residents placed their preferred meals on the weekly menu which varied from week to week. On the day of the inspection residents went out for lunch accompanied by staff.

Arrangements were in place for the management of healthcare associated infections and the provider implemented appropriate policies and procedures to protect residents, staff and visitors to the centre. There were clear policies and procedures observed and documented on the day of inspection which outlined a positive risk taking approach to the prevention of infection, particularly to the prevention of COVID-19. Temperature checks were taken at the door and there were sign in sheets for visitors to facilitate contact tracing. Adequate hand washing and hand sanitising facilities were observed. An infection control policy was made available to inspectors. A COVID-19 communication pathway was also in place and seen as a positive mechanism to provide updates to staff and residents. Information recorded in the COVID-19 folder contained the most up-to-date public health guidance. Overall it was found the provider's infection prevention and control arrangements were protective.

There were risk management arrangements in place which were reviewed by the inspectors. While for the most part these arrangements were robust an improvement in relation to the risks outlined in the register was required. The provider had a risk management policy in place in addition to systems in place for the assessment and management and ongoing review or risk. There was a risk register in place which outlined a number of key risks that had a high risk score. The person in charge showed the inspectors the frequency of which he reviewed the risk

register and also explained how risks were reviewed as result of new control measures put in place such as residents receiving the COVID-19 Vaccine. An area for improvement was noted as not all key risks evident in the centre were included in the register. For example, a fire door was damaged and therefore ineffective should a fire occur however, this had not been highlighted in the risk register.

For the most part, the inspectors found that there were adequate systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures. Fire fighting equipment and fire alarm systems were appropriately serviced and checked. There were adequate means of escape, including emergency lighting. However, on observation and review of the provider's September 2020 health and safety audit, some of the escape routes required upkeep.

Fire safety checks took place regularly and were recorded appropriately. Overall, fire drills were taking place at suitable intervals. However, the inspectors found that in one house, not all possible scenarios of a fire drill were carried out to provide assurances of a safe evacuation at all times.

Since the last inspection, there had been improvements to fire containment measures in place and in particular, in a way that met the needs and wishes of the residents living in the centre. However, to ensure that adequate fire containment measure were in place at all times, urgent attention was required to a damaged fire door in one house. The fire door in the sitting room was badly damaged and ineffective as a containment measure. As a result adequate arrangements were not in place for containing fire in this house. The impact of this meant that there was a greater risk to the safety of the four residents living in the house. Post inspection the provider was required to submit an urgent action plan providing assurances that concerns had been appropriately addressed. Satisfactory assurances were subsequently submitted by the registered provider which outlined measures undertaken to ensure that adequate arrangements were in place for the containment of fire ensuring the safety of all residents in the house.

Regulation 17: Premises

Overall, the physical internal environment of both houses was clean and in good decorative repair however, in one house a number of maintenance tasks which had been identified by the provider's health and safety audit and maintenance log system, remained outstanding.

A toilet room upstairs had no wash-hand basin.

Safety paint markings on steps leading up to the front door of the house required upkeep.

The seal at the bottom of the shower contained mould and the grout and tiles on

the walls of the shower were stained.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Inspectors found there were arrangements in place to support residents to buy, prepare and cook their own meals if that was their preference in addition to ensuring there was sufficient quantities of wholesome and nutritious food and drink for the residents to choose from. Residents told inspectors they enjoyed their meals and that they liked to help with food preparation and baking.

Judgment: Compliant

Regulation 26: Risk management procedures

There were risk management arrangements in place which were reviewed by the inspectors. While for the most part these arrangements were robust an improvement in relation to the risks outlined in the register was required. For example, a fire door was damaged and therefore ineffective should a fire occur however this had not been highlighted on the risk register.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Arrangements were in place for the management of healthcare associated infection and the provider implemented appropriate policies and procedures to protect residents, staff and visitors to the centre. For example;

- There were clear policies and procedures observed and documented on the day of inspection which outlined a positive risk taking approach to the prevention of infection, particularly to the prevention of COVID-19.
- Temperature checks were taken at the the door and there were sign in sheets for visitors to facilitate contact tracing. Adequate hand washing and hand sanitising facilities were observed.
- An infection control policy was made available to inspectors.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors found that in one house, not all possible scenarios of a fire drill were carried out to provide assurances of a safe evacuation at all times.

Some of the escape routes required upkeep. For example, uneven surface on emergency escape route and moss on the fire escape stairs.

To ensure that adequate fire containment measures were in place at all times, urgent attention was required to a damaged fire door in one house.

Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response provided assurances that the risk was adequately addressed.

Judgment: Not compliant

Regulation 6: Health care

Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP) which included an annual health check for each resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. However, to ensure the effectiveness of the plan, the overall frequency of reviews during periods of increased behavioural incidents, required addressing.

Judgment: Substantially compliant

Regulation 8: Protection

The inspectors found that due to ongoing behavioural incidents occurring in one house, the lived experience of residents was not always positive. The lack of regular review and implementation of actions impacted on the effectiveness of residents' safeguarding and positive behavioural support plans. The person in charge and senior management had submitted a proposal on ways to better meet the needs of residents however, as on the day of inspection, there was no satisfactory response or outcome in place. Overall, the inspectors found that not all residents were protected from all forms of abuse at all times.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Parknasilla OSV-0001691

Inspection ID: MON-0033128

Date of inspection: 30/06/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1.The roster has been altered to identify the full agency staff names at all times. This is now complete. 2. The roster now identifies when the PIC is in each house. This is complete.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The outstanding training will be completed by the 30th November 2021.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A housing and maintenance manager has been recruited specifically to deal with maintenance issues. The maintenance manager has set dates for completion of maintenance and fire containment tasks. Please see regulation 17 (maintenance) and regulation 28 (fire precautions) for details.	

All annual reviews will identify actions required with a clear plan and a timescale for completion. The six monthly review has been conducted and actions will be addressed. Six monthly audits will be conducted on a timely manner in future.

Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All quarterly notifications will be submitted on a timely manner in future.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Wash hand basin will be installed by31st August 2021 The safety paint markings will be re-painted by 31st August 2021 Shower area will be fixed by 31st August 2021	

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Risk Register will be updated to reflect current risks and appropriate risk rating. This has been completed.	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

Fire Drills: A night time fire drill will be completed by September 2021 The escape routes will be maintained to ensure that residents and staff can evacuate safely. Sitting Room fire door: This will be completed by 20th August 2021.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A support plan and overall action plan has been substantially changed in July 2021 to support a resident's assessed needs. The Behaviour specialist will assist in a further of Positive Behaviour Supports with the resident, staff team and family 30th September 2021

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: There have been substantial plans and actions implemented to change the Designated Centre environment to appropriately house the residents. This involves changing the Designated Centre to accommodate residents in three separate locations which will improve the resident's quality of life.

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/07/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/07/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional	Substantially Compliant	Yellow	30/11/2021

	development programme.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/08/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2021
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	20/08/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/07/2021
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	Substantially Compliant	Yellow	31/07/2021

	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 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.	Substantially Compliant	Yellow	31/07/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/08/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	20/08/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means	Substantially Compliant	Yellow	30/09/2021

	of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	31/07/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/07/2021
Regulation 7(5)(a)	The person in charge shall	Substantially Compliant	Yellow	31/08/2021

	ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/08/2021