



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Parkside Residential Services Belfield
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	09 June 2025
Centre ID:	OSV-0005109
Fieldwork ID:	MON-0047271

About the designated centre

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

Parkside Residential Services Belfield consists of three two-storey houses in close proximity to each other, on the outskirts of Waterford city. Combined all three houses can provide full-time residential support for a maximum of eight residents with intellectual disabilities (at the time of the current inspection the provider was seeking to reduce the maximum capacity of the centre to seven). Individual bedrooms are available for all residents and other rooms in the three houses include kitchens, living rooms, kitchen-dining rooms and bathrooms. Residents are supported by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Monday 9 June 2025	08:30hrs to 18:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre they were living in and they were empowered to make decisions about their care and support.

Overall, from what residents told the inspector, what the inspector observed, documentation reviewed as part of the inspections along with discussions with staff, behaviour support therapist and management, this centre was operated from three suitable premises, residents were supported to express their will and preference and this was seen to be respected, residents were leading busy lives and were engaging in activities they liked. Although, there was a number of improvements that were required in this centre to come into compliance with the regulations. The inspector observed a lack of oversight from management in the areas of staff training and access of up-to-date information, absence of effective management risk and effective control measures to address safeguarding concerns and the provider failed to complete their unannounced visits within the time frame set out in the regulations.

There were some ongoing safeguarding concerns linked to the incompatibility of two residents living in one of the premises, while this has been identified by the provider and additional controls have been implemented these controls were not seen to be effective on the day of inspection as incidents of concerns were still happening. One resident told the inspector they did not like it when their peer engaged in specific behaviours.

This centre comprises of three stand alone, two story houses located in close proximity. The person in charge is over all three premises as one designated centre and also has responsibility for one other designated centre also located in Waterford and operated by the same provider. On arrival to the first house residents were being supported to get up and ready for the day ahead. One resident spoke to the inspector before they went to day service, they told the inspector about activities they like to do such as massage, swimming and crafts. They showed the inspector their collection of films. They appeared very relaxed in their sitting room, they engaged well with a familiar member of staff who was able to understand their communication attempts very well.

The inspector made their way to the next house where residents were met as they were leaving the house to go to day service. One resident told the inspector about their big birthday celebrations the night before and about all the gifts they received, they spoke excitedly about the planning and how much fun they had. The second resident said hello to the inspector while getting into the car, they had their bag on their back and were eager to attend day service.

The inspector met with these two residents again later in the day, one of them explained the different options they had in relation to making a complaint, they also

gave an example of how they had expressed their dissatisfaction at their peer behaviour recently and how this is having a negative impacting them. They spoke about concerts, holidays and lots of different actives they do through their day service and with the support of staff from their residential placement. The second resident, was observed to work on the computer and took some time to speak to the inspector about the work they do in day service, activities they are involved in and how they are supported to maintain contact with their family.

Each house was found to be clean, warm and homely. Residents had been supported to decorate their bedrooms to their liking, they had photos, calendar, collectibles and items of value to them on display. The premises were laid out to meet the assessed needs of the residents and were generally kept in a good state of repair so as to ensure a comfortable and safe living environment for the residents. Although the inspector observed a number of areas requiring maintenance, the person in charge assured the inspector these had been highlighted to their maintenance team, one resident required a new mattress, one residents radiator required painting as did some residents bedroom walls and a fence to the rear of one property required replacement.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance and management arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, there was a clearly defined management structure in the centre which included reporting safeguarding concerns when they arose in the centre. However, improvements were required in some regulations including governance and management and staff training.

While there was a stable staff team to support residents in the centre and the numbers and skill mix of staff were in line with the providers statement of purpose, not all staff had been provided with appropriate training.

Regulation 15: Staffing

The inspector found there was a core and consistent staffing team across the designated centre. It was important to one resident, who lived alone to have familiar staff working with them at all times, this resident had four staff assigned to the house, who worked in rotation and covered each any gaps in the roster as a result

of annual leave, sick leave or training, this ensured consistency for the resident and results in the resident successfully engaging in their scheduled activities.

Staffing in the designated centre consisted of care assistants and social care workers, the number of staff and skill mix varied in each house as the provider allocated staffing in line with the assessed needs of the residents in each location. The social care workers located in two of the houses worked on rotation covering the sleepover shifts and ensured an effective handover to management before and at the end of each shift.

The inspector observed a number of staff interactions with residents and found them all to be respectful, staff were able to interpret residents communications attempts and requests with ease. Residents were seen to be comfortable in the presence of staff and sought out their support when needed.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, there was an absence of management oversight of training. The person in charge had developed a matrix but the information available was not in line with the providers online system for recording attendance at training.

The providers online system was unable to identify between online safeguarding training or the formal classroom based training. The inspector could not clearly identify if all staff had received full safeguarding training.

One member of staff has been due their refresher training in manual handling training since October 2022. While they were scheduled to attend in 2024, the staff cancelled and this had not been followed up by management or the providers training department.

As part of a formal safeguarding plan, the provider had identified, that all staff supporting the residents would receive management of autism training by the 17th of February, the records provided identifies that only two members of staff supporting the residents in that location completed the training.

Judgment: Not compliant

Regulation 21: Records

Inspectors found that records set out in the regulations were available in the centre; however, some improvements were required to the maintenance of some of this

documentation to ensure the most up-to-date documents were available to guide staff practice.

Some documents were difficult to locate and required dependence on email to find the most recent version. It was not clear to the inspector that staff had the more up-to-date documents available to direct their care and support of residents.

In some instances such as training records, the provider was operating one system with the local governance having to populate another system from this information, in this centre there was evidence that this information was not kept uniform, resulting in staff not receiving training in a timely manner as discussed in regulation 16: staff training and development.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the inspector found there was a defined management structure in place, a stable team led by a qualified person in charge, there were areas of governance that required improvements. The person in charge, as mentioned earlier, had responsibility for one other designated centre operated by the same provider. There was a system in place for handover of information before and after each shift, to ensure the person in charge was aware of any incidents, concerns or actions requiring follow up.

The providers had not completed their unannounced six-monthly audit in line with the time frame set out in the regulation. While the person in charge was able to provide a schedule of audits that identified a competent person to complete this audit, it had not been completed by end of May 2025 as identified in the schedule. On review of the last six-monthly audit the inspector identified this was only relevant to one of the three houses in this designated centre. The person in charge was unable to give the inspector the audit for the other two locations on the day of inspection but did provide it the day after the inspection.

The inspector was concerned due to the absence of proactive management including oversight and awareness of risk, training and availability of records (as discussed in regulation 21: Records) at a local governance level, while management was reacting to incidents, there was an absence of identification, appropriate risk rating and ongoing review of risks in the centre. This will be discussed further under regulation 26: Risk management procedures.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found that the staff team were striving to provide person centred care to the residents in this centre. This meant that residents were able, to express their views, were supported to make decisions about their care and that the staff team listened to these views. However, while there were policies and systems in place to keep residents safe, these were not always being utilised effectively. Therefore improvements were required in the area of risk management, compatibility and protection of residents.

Residents were supported to live in suitable premises, have personal plans in place and had opportunities to engage in activities that interested them. Staff were seen to be respectful to residents and residents were observed as relaxed in the presence of staff.

Regulation 17: Premises

Overall, the designated centre was well maintained and offered suitable living environment for the people living there.

As mentioned previously the centre was made up of three individual two story houses, these houses were located across a large housing estate. Each location was seen to be clean and homely. Residents had been involved in the decorating of communal areas, one house had three sitting room and one resident had all their DVD's on display in one of these sitting rooms, another resident had his preferred items on a small coffee table beside his preferred seat, all residents were respectful of other residents spaces, this was working well at the time of the inspection.

Each resident had their own bedroom, decorated in line with their wishes, while some bedrooms required painting, this had already been identified by the provider along with the need to replace the fence at the back of one property.

One house was occupied by a single resident and their belongings were seen throughout the house, they were lay out in a way the resident wanted them. This resident had lots of belongings stored in their room and were reluctant to remove any, the provider had offered additional storage to the resident in another spare bedroom but the residents wished to keep them in their own room. The provider and relevant clinicians continue to work with the resident to maintain a clean and tidy room.

Judgment: Compliant

Regulation 26: Risk management procedures

There was no clear oversight of risk management in this designated centre, including centre risks or residents individual risks. While the provider had a system for identifying and recording the management of the risk, this system was not been utilised effectively in this centre.

Local management were unable to identify high risks in the centre, there was an overall risk register in place but the information on the register did not correlate to the information provided on each individual risk assessment. The risk assessments in place were not reviewed or updated in line with time frames or post incident or adverse events.

When reviewing the residents individual risk assessments stored on the providers online system, gaps were identified in risk assessments some had no review page, most were past their due for review date and risk ratings were not reflective of the actual risk.

While there were formal safeguarding plans in place the actions identified in this plan were not seen to transfer to individual risk assessments linked to keeping residents safe.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents were seen to have personal plans in place and annual reviews were being completed. Their annual reviews involved reviewing last years goals, a review of the previous year in day service and also looks at incidents, behaviours and supports in place.

From review of documents it was evident that residents were busy, they were involved in their local community and were engaging in activities of interest. Some activities included, swimming, cinema, meals out, day trips, music concerts and festivals and they were supported to maintain relationships with families and friends. One resident told the inspector about their holiday in the sun last year and how they loved to spend time traveling. They had plans to go away again this year.

Majority of residents in this centre attended day service full time. One resident told the inspector about the jobs they had in day service, chopping up wood to make kindling and how this is transported to shops for people to buy for their fires at home.

The provider has identified that are not meeting the needs of one resident in their current living environment, this has resulted in behaviours of concern which are impacting on their peer. The provider is in assessment stages of transitioning this resident, they have explored another house within the same designated centre to see if the environment would be more suitable to meet the residents needs. While

the provider has identified this and are taking active steps to address it, the situation is ongoing at the time of the inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

From review of documentation, discussion with staff, management and the behaviour support therapist, the inspector could see residents who displayed behaviours of concern were being supported and restrictive practices were subject to review.

The provider had a restrictive practice policy in place and restrictive practices that were currently being used in the centre were identified, recorded and reviewed by the human rights committee.

Residents who required it had behaviour support plans in place, these plans were reviewed and found to be guiding staff practices in the management of behaviours. Plans reviewed set out the identified behaviours, predictors of behaviour, interventions and de-escalation strategies. Each section was detailed with information and guidance specific to the individual, their behaviours and strategies that worked best for them.

The inspector spoke with the behaviour support therapist in relation to the resident who is currently having an impact on their peer due to behaviours of concern. The behaviour support therapist was very knowledgeable of the individual and their presentation both past and current. They were able to identify that the residents current behaviours were the same as previous but the intensity and frequency of behaviours had increased. They could also identify from trending of incidents when the behaviours were most likely to occur and the possible triggers for the behaviour. There was a number of supports that have been put in place in an attempt to reduce the behaviours some of which have been successful and others are still in progress.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that, while safeguarding concerns were being identified, reported to the relevant authorities and managed to some degree in the centre, the impact on one resident was still evident on the day of inspection. This resident identified they did not like when their peer engaged in specific behaviours.

From review of records and conversations staff and management had with this resident, they stated they did not want to continue to live with this resident.

The provider as mentioned previous has a formal safeguarding plan in place and were in the assessment stages of transition for the resident engaging in behaviours of concern. The provider gave evidence to the inspector of discussions and meetings held in relation to this concern and the progress made to date. There was still substantial work to be completed to ensure all residents feel safe and happy where they live.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Although there were safeguarding concerns in one of the three properties in the centre and this was having a negative impact on one of the residents, all other residents that spoke to the inspector said they liked where they were living and gave examples of activities they were involved in, they were being supported to exercise their rights around how they wished to spend their time.

Most residents were involved in full time day services where they were supported to develop activity planners for the week and month ahead. Residents were also supported with maintaining relationships with family and friends.

The provider had ensured that residents were informed of their right to access independent advocacy services, this was seen to be displayed on the walls in the centre.

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	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Parkside Residential Services Belfield OSV-0005109

Inspection ID: MON-0047271

Date of inspection: 09/06/2025

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none">• The Person in Charge will review the training matrix for this centre, on completion of this review, any staff that have training outstanding, will be booked on to the next available course.• Staff who have not completed the training on Autism will be scheduled for training which will be held in September	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none">• The Person in Charge will ensure records with the most up to date guidance are readily available to staff, to guide their practice.• The Person in Charge will review how training records are maintained and use the most efficient method available to them going forward.	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Person in Charge will ensure all future six-monthly audits are completed within the stated timeframes. • The Person in Charge will liaise with the PPIM and the Compliance Manager to address the absence of proactive management noted by the inspector in the areas of risk, training and records. 	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The Person in Charge will meet with the PPIM and the Health and Safety Department to conduct a complete review of the risk management practices in the centre to ensure the system used is the most efficient available. • The PIC will ensure that the risk assessments are reviewed to ensure they are up to date, and that the risk ratings reflect the actual risk • In reviewing the risk assessments the PIC will ensure that actions identified in safeguarding plans are transferred to individual risk assessments linked to keeping residents safe • The PIC will ensure that the risk register is up to date and that it correlates to the information provided on the risk assessments 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • The Person in Charge along with the PPIM, the MDT and the enrolment team are developing a transition plan with the aim that the PACC moves residence on August 12th 2025. 	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The Person in Charge along with the PPIM, the MDT and the enrolment team are developing a transition plan with the aim that the PACC moves residence on August 12th 2025, this will address the concerns of the resident currently residing with the PACC referred to in the report. 	

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 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 development programme.	Not Compliant	Orange	30/09/2025
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/07/2025
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	Not Compliant	Orange	31/08/2025

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	31/07/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/08/2025
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the	Substantially Compliant	Yellow	30/09/2025

	purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/09/2025