



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

Issued by the Chief Inspector

Name of designated centre:	Parkview
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	13 January 2021
Centre ID:	OSV-0001689
Fieldwork ID:	MON-0024517

About the designated centre

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

Parkview is a designated centre operated by Sunbeam House Services Company Limited by Guarantee. The centre provides residential services to people who are fully ambulant, with moderate support needs. Residents are encouraged and supported to live as independently as possible within their local community. The designated centre can provide for a maximum of four adults with intellectual disabilities, of mixed gender who are over the age of 18 years. This designated centre was originally two houses that have been combined to become a large home with six bedrooms. The ground floor comprises a kitchen, sitting/dining room, a bedroom with en-suite bathroom and a utility room. Upstairs has four bedrooms, one sitting room, an office and two bathrooms. There is an enclosed garden space to the rear of the property. The staff team consists of social care workers and is managed by a full-time person in charge, with support of a deputy manager and senior manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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 13 January 2021	11:00hrs to 16:00hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

Prior to the inspection, the inspector had contacted the person in charge regarding the impending inspection. As it was determined residents would not be able to successfully adhere to physical distance guidelines it was agreed the inspector would visit the centre premises when residents were on a social outing at the start of the inspection, carry out the remainder of the inspection in an office building within the provider's organisation and speak to residents by video call and telephone call later in the inspection to hear their views and feedback about the service they were receiving.

The inspector visited the centre at the commencement of the inspection and briefly greeted residents as they left the centre to go on a social outing. The centre comprised of two adjoining houses and provided a pleasant living space for residents. Each resident had their own bedroom and bathing and toilet facilities were of a good standard.

The centre was warm, clean and decorated in a homely manner with a living room space that could accommodate a dining table adjacent to the separate kitchen area. A garden space to the rear provided residents with a space to use that was secure and private for residents to access as they wished.

The centre was located in a housing estate a short distance from the local town. Residents had access to transport provided by the organisation but could choose to walk to the nearby town if they wished.

As part of the inspection, the inspector spoke with three of the four residents that lived in the centre via video call technology supplied by the person in charge and telephone call.

Residents demonstrated a good ability to use the electronic video call communication medium and took the opportunity to provide feedback to the inspector about their home, jobs, upcoming special events and their plans and wishes for the future.

Residents expressed their frustration with the current COVID-19 pandemic restrictions and described how the restrictions had impacted on their current employment.

One resident expressed the wish to return to their job as they enjoyed it and they missed the interactions with their work colleagues and customers. They described the work they did and the various tasks they performed in their employment which were important tasks and contributed to the overall running of the workplace. They also mentioned they were looking forward to moving to their new home.

Another resident described some healthcare related issues they had recently and

were happy to be feeling better. They also mentioned they were looking forward to moving to their new home and had visited it and liked it.

A third resident described their upcoming birthday and plans they had made for this. They were happy to have something positive to look forward to.

All residents said they felt safe and they liked the staff that supported them.

Capacity and capability

The findings from this inspection demonstrated the provider had the capacity and capability to provide a good quality service to meet the needs of residents.

The provider had applied to renew registration of this centre, the purpose of this inspection was to review compliance with the regulations and standards for the purposes of informing a registration renewal decision. It was found on this inspection that the provider and person in charge had continued to maintain good levels of compliance in the centre. Residents were provided a safe and good quality service.

The provider had further plans to support residents to transition from this centre to another designated centre within Sunbeam House Services CLG later in the year. This transition was in line with the wishes of residents and would provide for them into the future, a home better suited to their changing needs.

All residents spoken with, during the inspection, expressed their desire to move and indicated they were happy about this. When residents transitioned from the centre and the centre was empty, the provider planned to upgrade the premises and fire safety systems and support residents from another designated centre, move in when these works were completed.

These transitions and upgrading works formed part of the provider's overall strategic plan for the organisation and future planning to meet residents' needs as they aged and to support their choice of where to live. The provider indicated they were aware that an application to vary conditions of registration may be required should premises upgrade works change the footprint of the centre.

There were clear lines of reporting, accountability and management. The designated centre was managed by a suitably qualified and experienced full-time person in charge, who had support from a deputy manager. There was a clear management structure in place in the designated centre, with the person in charge reporting to a senior services manager, who reported to the Chief Executive Officer (CEO). The senior services manager met with the person in charge every two months to review the designated centre using a governance, management and performance template. This ensured effective follow up of any issues and demonstrated accountability for

the quality and safety of the care being delivered in the designated centre.

The person in charge held responsibility for two designated centres located very close to each other. It was noted there were adequate operational management and oversight systems in place for this arrangement, for example, the person in charge was supported in their role by a deputy service manager and divided their time between the two designated centres that were situated across the road from each other.

There were monitoring systems in place which reviewed the standard of the care and support delivered to residents in the designated centre. The person in charge demonstrated effective oversight of the individual needs of residents, the care and support they received and the day-to-day operation of the designated centre. The person in charge carried out monthly audits in areas such as housekeeping, documentation, care planning, health and safety and staff knowledge.

The provider had made arrangements for an annual review of the centre in addition to six-monthly unannounced visits that assessed the standard of the care and support being delivered. The provider had made arrangements for six-monthly unannounced visits to occur with due regard to COVID-19 restrictions.

The provider had ensured staffing contingency measures were in place to manage staff absences in the event of a COVID-19 outbreak in their designated centres. The inspector noted there was a planned and actual roster in place. From a review of the rosters, it was demonstrated there were adequate numbers of staff and an appropriate skill-mix in place to meet the assessed supervision and support needs of the residents. It was noted an increased staffing resource at night time had been introduced to support a resident. This resource had been allocated based on review of personal risks for the resident. This demonstrated good responsive action to meet the assessed needs of residents living in the centre.

The inspector reviewed a sample of logged complaints as part of the inspection. Overall, there were a low number of complaints logged but where they had occurred it was demonstrated residents were supported to make them and there was evidence of the provider's complaints policies and procedures being followed and adhered to. There was also evidence of the provider's complaints officer making arrangements to review and follow up on complaints.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration of this designated centre

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appointed in a full-time role and had the required management experience and qualifications to meet the requirements of regulation 14.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual roster was in place. The provider had ensured the centre was resources as per the statement of purpose and to meet the assessed supervision and support needs of the resident.

The provider had staff contingency planning in place to ensure appropriate staffing levels and proactive measures would take place in the event of a COVID-19 outbreak in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had appropriate arrangements in place to monitor the safety and quality of care provided in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the matters of Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

There was evidence of residents being supported to access and use the provider's

complaints policy and procedures. Records of complaints were maintained in the centre.

Judgment: Compliant

Quality and safety

Residents living in the centre was in receipt of a good quality service. A good level of compliance was found on this inspection.

There was evidence of the provider's implementation of adult safeguarding policies and procedures. Staff had received training in safeguarding vulnerable adults. Where safeguarding incidents occurred they were reviewed and responded to in line with the provider's safeguarding policy and procedures in tandem with the National Safeguarding Vulnerable Adults procedures. Where required safeguarding planning was in place and reviewed as required.

Intimate care planning was also in place for residents as required. Intimate care plans focused on skill teaching and supports to help the resident increase their personal care skills and independence while also maintaining their bodily integrity and privacy as much as possible.

It was demonstrated some residents living in the centre required positive behaviour supports as part of their overall assessed needs. Behaviour support planning arrangements were in place to meet those needs and followed a positive behaviour support framework and outlined a number of proactive strategies and de-escalation techniques which could help to mitigate and manage incidents of behaviours that challenge. Staff had received training in behaviour support and the implementation of breakaway techniques.

Where restrictive practices were in place, they had been referred to the provider's Human Rights Committee for review. Some restrictive practices in place included an external doors being locked and limited access to the fridge for some residents at certain periods of time due to identified personal risks. Residents could however, still access appropriate food or snacks from the other unlocked fridge without requiring support from staff to do so Restrictive practices were recorded on a restraint register with identified control measures in place to ensure they were the least restrictive option possible for managing a specific personal risk.

Each resident had received a comprehensive assessment of need which had been completed for 2020. Residents' assessed needs were identified and support planning was in place to provide guidance for staff in how to support the resident. Residents' personal and social needs and wishes were identified through the use of personal outcome measures assessment tool. Residents' had identified goals that they wished to work on, with adaptations made due to restrictions in the community due to COVID-19. Some residents had identified they wished to have more work hours as

this was something they enjoyed. Plans were in place to support the resident in achieving this goal. There was evidence of monthly reviews of residents' personal plans by the person in charge with a plan in place to address any actions arising following the review.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider had created a suite of COVID-19 related policies and procedures for the organisation.

Personal protective equipment was available for staff and hand washing facilities were adequate in the centre with a good supply of hand soap and alcohol hand gels in place also. Each staff member and the resident had their temperature checked daily as a further precaution. The person in charge had also created a centre specific COVID-19 management plan which identified the manner in which residents would be supported should they have a confirmed or suspected case of COVID-19.

Fire safety measures in the centre were, for the most part, adequate. The inspector noted updated servicing records for the fire alarm system, fire extinguishers and emergency lighting. Each resident had a personal evacuation plan which was reviewed and updated following a evacuation practice drill, if required. Such practice drills had occurred at regular intervals over the previous year and additional practice drills had occurred at night time.

While there were good overall fire safety procedures and precautions in the centre, the inspector did note some of the doors in the centre required remedial repair work to ensure they could provide the most optimal containment measures for fire and/or smoke. The provider had identified fire safety upgrade works in their plan of works for the centre due to occur later in the year, however, in the interim some remedial works were still required until that time to ensure containment measures in the centre were at the most optimum standard.

Each resident had an up-to-date annual health check completed with their General Practitioner (GP). Residents were supported to avail of health screening and blood tests to assess their health. Residents were also supported to attend out-patient clinics and regular reviews by allied health professionals associated with their overall health care needs. Where required residents were supported to change their General Practitioner and could avail of allied health professional supports as required.

Regulation 27: Protection against infection

It was demonstrated that appropriate infection control procedures were in place and in adherence with public health guidance.

Judgment: Compliant

Regulation 28: Fire precautions

Some doors in the centre required remedial repair works to ensure they provided the most optimum containment measures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were maintained to a good standard and updated and reviewed regularly by the person in charge.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were well managed and reviewed. Residents had access to National screening programmes, an annual health check and were supported to change their GP as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each resident had received a comprehensive behaviour support assessment ensuring behaviour support planning was evidence based.

Restrictive practices were in place to manage identified personal risks for residents. A restraint register formed part of the overall oversight and management of these practices. Restrictive practices identified had associated control measures in place to ensure they were the least restrictive option and had been referred and reviewed through a Human Rights approach.

Judgment: Compliant

Regulation 8: Protection

Staff had received training in safeguarding vulnerable adults. Localised safeguarding procedures in place were reflective of the National Safeguarding Vulnerable adults policy. Intimate care planning focused on promoting and encouraging residents' self-help skills and independence.

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 - 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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Parkview OSV-0001689

Inspection ID: MON-0024517

Date of inspection: 13/01/2021

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Remedial works were completed on 16.02.21 to ensure fire doors in the location close fully, providing the most optimum containment measures. • There is an L1 fire alarm in place which is serviced quarterly. Emergency lighting is in place and serviced. Fire extinguishers in place checked weekly and serviced annually. Monthly fire emergency drills are conducted in the location and the effectiveness of evacuations discussed following drills. <p>Additional scheduled works include:</p> <ul style="list-style-type: none"> • The services of a Fire engineer is being utilised to ensure any fire protection upgrades are in line with TGDB Volume 2 Fire Safety Dwelling houses. • The scope of works is being prepared. • SHS plan to begin works on the location by April 2021 provided contractors are willing to come on site. • Should there be any changes to the schedule, SHS will inform and update HIQA. 	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2021