



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

Issued by the Chief Inspector

Name of designated centre:	Parkview
Name of provider:	St Michael's House
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	27 November 2023
Centre ID:	OSV-0002406
Fieldwork ID:	MON-0042036

About the designated centre

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

Parkview House is a designated centre operated by St. Michael's House, an organisation providing services to people with an intellectual disability. Parkview House aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives. The centre provides residential services for four individuals with intellectual and physical disabilities. The centre consists of a five bedroom bungalow with a separate building on site used as a multipurpose activities room for residents and comprises a separate visitors area. There is a kitchen and dining area which is fully accessible to all residents. There is also a separate sitting room and sun room for individual activities. Parkview House is managed by a Social Care Leader and the staff team comprise of one nurse and social care workers. The centre is supported by a multi-disciplinary team. Access to a psychologist, psychiatrist, social worker, medical officers, occupational therapists, physiotherapist, speech and language therapist, dieticians and specialist nurse supports are available on a referral basis. Parkview House has a mini-bus which is used to transport residents to and from outings and activities of their choice.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 27 November 2023	09:30hrs to 15:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed over one day and was facilitated by the person in charge. Over the course of the day, the inspector also met with staff members and with all of the residents who lived in the centre. On the day of the inspection, there were four residents living in the centre and one vacancy.

The centre comprised of a two-storey house in a large town in Co. Meath. The house can accommodate up to five residents, with five individual bedrooms, four of which are on the ground floor. The premises also includes a staff office, utility room, medication room, a large accessible bathroom on the ground floor, and a fully equipped bathroom on the first floor, kitchen and dining area, sitting room and sun room.

On arrival at the centre, two residents had left to attend their day services and two residents were in receipt of individualised services. All residents used different means to communicate, such as verbal communication, vocalisations and gestures. The inspector endeavoured to gather an impression of what it was like to live in the centre, through observations, discussions with the residents, staff team and management, monitoring care practices and reviewing documentation.

Residents told the inspector that they were happy living in the centre. From communicating with residents, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. Warm interactions between the residents and staff members caring for them was observed throughout the duration of the inspection. There was an atmosphere of friendliness in the centre and staff were observed to interact with the residents in a respectful and supportive manner.

The inspector met with two residents who were in receipt of individualised services. Both residents said they were happy living in their home and the person in charge spoke about their plans for the day as chosen by themselves with staff support. Both residents were supported to engage in meaningful activities on an individual basis. The inspector had an opportunity to look at some of the resident's personal plans, which included photos of activities residents had engaged in during the year to date. Examples of activities that residents engaged in included; baking, day trips to the beach, shopping, bowling and trips out to visit an aquarium.

In the afternoon, the inspector met two other residents when they returned from their day service. From speaking with both residents, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose.

The person in charge described the quality and safety of the service provided in the centre as being very good and personalised to the residents' individual needs and wishes. They spoke about the efforts the provider had made, which included

securing funding for additional transport, in order to provide individualised services to two residents following the closure of their day services. They also spoke about the provider's continued efforts in liaising with their funder to find an alternative community day service for one of the residents who lived in the centre.

The person in charge spoke about the high standard of care all residents receive and had no concerns in relation to the well-being of any of the residents living in the centre. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

On speaking with different staff throughout the day, the inspector found that they were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive and caring interactions.

The inspector carried out a walk around of the centre in the presence of the person in charge. The premises was observed to be clean and tidy and was decorated with residents' personal items such as photographs, soft furnishings and seasonal decorations. Residents' bedrooms had recently been repainted, were laid out in a way that was personal to them and included items that was of interest to them. For example, residents' bedrooms included family photographs, pictures and memorabilia and soft furnishing and fittings that were in line with the residents' preferences and interests. This promoted residents' independence and dignity, and recognised their individuality and personal preferences.

To the rear of the centre, was a well-maintained garden area that provided outdoor seating and sensory equipment for residents to use, as they wished. Since the last inspection, the provider had made some home improvements to this centre, to include, a renovated kitchen, which resulted in positive outcomes and provided the residents with better facilities.

Generally, the premises was well maintained however, some minor upkeep was required. For example, small amounts of mould were observed around the shower seal, scuff marks on doors and the top of one radiator cover required repainting. These matters however, had been reported by the person in charge to the provider.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

From what the inspector was told and observed during the inspection, it was clear that residents had active and rich lives, and received a good quality service. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account.

There was a statement of purpose in place that was reviewed and updated on a regular basis as per the regulations.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and had responsibility for this designated centre only. They were supported by a service manager who in turn reported to a Director of Adult Services.

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs. The staff team comprised of the person in charge and social care workers. The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice.

The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre. The inspector viewed a sample of the recent rosters, and found that they showed the names of staff working in the centre during the day and night. In addition, the person in charge provided support and formal supervision to staff working in the centre.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas, such as infection prevention and control (IPC), medication management and health and safety.

Overall, the inspector found that this centre was operated safely and that oversight measures ensured that the residents were supported to enjoy their time in the

centre.

Regulation 15: Staffing

The provider had ensured that there were sufficient numbers of staff on duty to meet the number and needs of residents living in the centre on the day of inspection. Due to vacancies the provider was ensuring continuity of care and support through the use of regular relief staff.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to appropriate mandatory training to ensure staff met the assessed needs of the residents. In addition, staff were scheduled to complete training in human rights.

The inspector found that staff were receiving regular supervision as appropriate to their role. Supervision records reviewed were in line with organisation policy and included a review of the staffs personal development and the provision to raise concerns.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured information and documentation on matters set out in Schedule 3 were maintained and were made available for the inspector to view. The inspector reviewed resident records and found that they contained all the required information in line with Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

On the day of the inspection, there was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The staff team was led by an appropriately qualified and experienced person in charge.

The person in charge reported to a service manager. A series of audits were in place including medication management, health and safety and six-monthly unannounced visits. In addition monthly data audits were undertaken, including audits of residents' personal planning, goal trackers and centre achievements.

The provider also had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in April 2023. These reviews also included detail on the consultation which had taken place with residents and their families.

On completion of these, action plans were developed to address any issues identified.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of Schedule 1, and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to residents and their representatives in an easy-to-read version.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. Residents were receiving appropriate care and support that was individualised and focused on their needs and were making choices and decisions about how, and where they spent their time. It was apparent to the inspector that the residents' quality of life and overall safety of care in the centre was prioritised and managed in a person-centred manner.

Resident's needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Support plans included; positive behaviour support, communication, personal and intimate care, safety and general health care plans. It was also found that residents were supported by staff in line with their will and preferences, and there was a person-centred approach to care and support. They were also supported to maintain relationships meaningful to them, for example, with their families. Residents spoken with were happy with their home, and the inspector found that the service provided to them was safe and of a good quality.

Residents had the chance to voice their concerns and preferences at weekly house meetings where they discussed activities and menu choices. In addition to the weekly house meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals. There was a detailed personal plan in place for each resident, and these were regularly reviewed and updated to reflect changes in national guidance.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. The inspector reviewed the safeguarding arrangements in place and found that staff had received training in safeguarding adults. In addition, there were clear lines of reporting for any potential safeguarding risks and a staff member spoken with was familiar with what to do in the event of a safeguarding concern.

The premises was well maintained, however some minor upkeep was required, and had been reported by the person in charge to the provider. There was sufficient communal space, and a nice garden for residents to enjoy. The premises was meeting the residents' needs, and residents spoken with said they were happy with their home.

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. A restrictive practice committee was in place and restrictions were reviewed regularly.

The provider had arrangements in place to control the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans and all staff had fire training.

In summary, residents at this designated centre were provided with a good quality and safe service. There were good governance and management arrangements in

the centre which led to improved outcomes for residents' quality of life and care provided.

Regulation 12: Personal possessions

The provider and person in charge had ensured that all residents had access to their personal items. Residents' personal mementos were displayed throughout their home which presented as individual to those who lived there.

The provider had clear financial oversight systems in place with detailed guidance for staff on the practices to safeguard resident's finances and access to their monies. The inspector found that residents had assessments completed that determined the levels of support they may require.

The inspector reviewed a sample of financial records where residents received support from staff to manage their finances. Each resident had their own bank account and staff maintained records of each transaction, including the nature and purpose of transactions and supporting receipts and invoices.

Judgment: Compliant

Regulation 17: Premises

Overall, the inspector observed the design and layout of the premises was suitable to meet residents' individual and collective needs.

Since the last inspection, there had been some home improvements works completed to the centre, which resulted in positive outcomes for residents. For example, the kitchen had been recently renovated and all resident's bedrooms had been repainted in line with their choice and preference.

Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be comfortable, homely and overall in a good state of repair.

There was a clear premises maintenance system in place where the person in charge could log and monitor repairs that were required. Although some minor upkeep was required, for example small specs of mould, scuff marks on doors, these matters had been reported by the person in charge to the provider.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. All staff had received training in fire safety.

The fire panel was addressable and easily accessed in the entrance hallway. The inspector observed that all fire doors, including bedroom doors closed properly when the fire alarm was activated.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own evacuation plan which outlined the supports they may require in evacuating.

Regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need and personal plan in place. From the sample reviewed, residents' assessments clearly identified their care and support needs.

Assessments and plans were regularly reviewed and updated with any changes in need. These assessments were used to inform plans of care, and there were arrangements in place to carry out reviews of effectiveness. Multidisciplinary professionals were involved as appropriate in creating support plans.

Each resident had an accessible person-centred-plan with their goals and aspirations for 2023. These included residents' goals and the actions required to achieve them. Residents were supported to set goals that were meaningful for them. For example, one resident had set and achieved 2 goals; going on holiday and joining and taking part in an aqua aerobics class.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is

challenging and to support residents to manage their behaviour.

Behaviour support plans were available for those residents who required them and were up-to-date and written in a person centred manner.

There were some restrictive practices used in this centre and these were notified to the Chief Inspector as per the regulations. A restrictive practice committee was in place and restrictions were reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

Overall good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice.

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding, and there was a safeguarding policy to guide staff.

All residents' personal plans were detailed in relation to any support they may require with their personal and intimate care. These documents were person-centred and identified residents specific preferences in this area including supports that made them feel safe and secure when staff were assisting.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant