



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

Issued by the Chief Inspector

Name of designated centre:	Parnell Place Residential Service
Name of provider:	The Rehab Group
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	26 July 2021
Centre ID:	OSV-0004117
Fieldwork ID:	MON-0033344

About the designated centre

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

This centre is located within a site operated by the provider; the site accommodates a number of residential units as well as a resource centre; the accommodation units provide accommodation to those with Social Housing needs. Around the buildings are communal areas with lawns, paths, seating areas and car parking. The site is gated and secure and located adjacent to the railway and bus stations and a taxi rank. All of the amenities offered by the city are a short walk from the centre.

The facilities provided to residents are provided across three floors. A maximum of three residents are accommodated; there is a bedroom and bathroom on each floor with residents sharing kitchen, dining and communal space on the ground floor. An additional communal space is provided on the second floor.

The model of care is social and a long-term residential service is provided. Staffing levels and arrangements vary and reflect the occupancy and needs of the residents but the house is staffed at all times when residents are present. The provider aims to provide each resident with a comfortable, clean and safe environment and support that is tailored to their individual needs. The support provided aims to support residents in the fulfilment of their personal objectives as well as meeting their day to day needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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
Monday 26 July 2021	9:30 am to 4:30 pm	Cora McCarthy	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a very good quality of life and to have meaningful relationships in their local community. The inspector observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On the day of inspection the inspector had the opportunity to meet with two of the three residents who resided in the centre. One resident remained at home for the duration of the pandemic and was transitioning back in to the service currently. Conversations with residents took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

Residents were supported to keep in contact with their family on a regular basis, and during the current health pandemic, this was primarily through video and telephone calls. The provider had not sought the residents or families views as part of the annual report consultation process but the residents were very complimentary about staff on the day of inspection. Residents who have family contacts all had visits and communicated with each other through phone and video calls.

The Person in Charge advised that family contact has been very good for the residents and residents who have family contact have received emails, phone calls, used Skype, etc to parents or siblings. When restrictions eased, face to face visits were supported for families and residents and one resident is receiving support to return to the service.

One resident had gone out for the afternoon on the day of inspection but the inspector met with them on their return. The residents were very pleasant and welcoming and gave the inspector a tour of their home which they were very proud of. One resident was happy to show the inspector their bedroom and it was decorated in the design of the residents choice. It was evident from the decoration, personal items on display and the resident bedrooms that the residents were involved in the running and decoration of their home.

The inspectors spoke with both residents on the day and found them to be very comfortable and happy in the centre. They spoke fondly of staff and said that they were kind to them. They were active on zoom during the pandemic, engaging in chats with friends which residents said they enjoyed. Residents told staff that they enjoyed regular walks with staff and also one resident worked in a resource centre two days per week. When the inspector spoke to one resident they told the inspector about the positive relationship they had with the person in charge and staff members. The resident said that the staff were very good to them.

Residents were encouraged and supported around active decision-making and social inclusion. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and decisions made. Residents

were informed about COVID 19, restrictions, testing and vaccination processes and given the opportunity to consent.

The inspectors observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that consent forms, and decision-making assessments were included in residents' personal plans.

The centre was warm, clean and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc. The residents said they felt safe and happy in their home.

In summary, the inspector found that each resident's well being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

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

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe and appropriate to their assessed needs. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the resident and with the statement of purpose. The inspector reviewed the actual and planned rota which indicated continuity of care from a core team of staff known to the residents. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents assessed needs. For example they were very aware of the residents diagnosis including autism and how they were to support the resident in terms of reassurance and processing times and using appropriate phrases and

behaviour management strategies.

The person in charge had a training matrix for review and the inspector noted that there were some gaps in mandatory training in relation to the management of behaviours that challenge. However the person in charge committed to addressing the gaps in training the day after the inspection. It was confirmed via email that this training was completed the following day. There was also significant training completed by staff in relation to protection against infection. The staff had completed enhanced Hand Hygiene Training, Infection prevention control training and Breaking the chain of infection. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, manual handling, positive behaviour management and fire safety.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in 2021 and 2020 and a review of the quality and safety of service was also carried out in Dec 2020. However this audit did not include residents and family views, the annual review did state that the provider had intended to phone family members and speak with residents however there was no documentation to suggest that this happened. The annual report did review staffing, quality and safety, safeguarding and a review of adverse events or incidents. In areas highlighted for improvements it was noted that an additional cleaning list had been added for COVID 19. For example high or common touch surfaces such as desks, handles, phones, light switched computers, and fridges are cleaned 4 and 5 times a day. Also actions arising from team meetings are assigned to named individuals to ensure completion. These audits resulted in action plans being developed for quality improvement and actions identified had been completed or are actively being addressed.

There was an effective complaints procedure in place in an accessible format. It was noted that complaints were mostly resolved locally and were resolved to the satisfaction of the complainant. There were no open complaints at the time of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant
Regulation 15: Staffing
The person in charge had an actual and planned rota which was in line with the statement of purpose.
Judgment: Compliant
Regulation 16: Training and staff development
The person in charge had a training matrix for review and the inspector noted that there were some gaps in mandatory training. However the person in charge committed to addressing these gaps in the coming days.
Judgment: Compliant
Regulation 23: Governance and management
The provider had ensured clear management structures and lines of accountability were in place. However for the purpose of the annual review the provider had not consulted with resident and their representatives or sought their views.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge notified the Chief Inspector of incidents that occurred in the

designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The person in charge had ensured that a comprehensive assessment of need of health, personal and social care needs had been completed for all residents. This included support plans to supplement this assessment of need. The inspector viewed support plans in areas of mental health and medical diagnosis such as haemochromatosis. These plans were noted by the inspector to clearly identify the issues experienced by the residents and how a resident may present in crisis or ill health and gave clear guidance to staff on how to respond in such situations. The mental health support plan was comprehensive and included a list created by the resident with support from the psychologist which is a list of ideas the staff can refer to when the resident is anxious. Staff spoken with acknowledged that these supports plans were effective and demonstrated a good understanding of the strategies to employ when addressing different situations.

In relation to regulation 6 Health care the registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by residents. An example of a health care support plan noted by the inspectors was related to a residents requirement for support with medication. This provided guidance to staff one what to do in the event the resident refused medication. It outlined different strategies in line with service policy to maintain the safety of the resident.

A comprehensive behaviour support plan was noted to be in place by the inspector.

This included an in depth functional analysis of the residents behaviour thus identifying the behaviour and making every effort to alleviate the cause of this behaviour. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

The person in charge had outlined goals that had been decided upon with the resident, for example one resident had planted a vegetable garden and was growing vegetables and strawberries etc. The goals were specific to the resident and achievable.

The person in charge had ensured that the residents were assisted and supported to communicate in accordance with their needs and abilities. The residents had access to television and Internet and a electronic device was available to facilitate the residents to video call their family members during the COVID - 19 restrictions. The residents relationships and contact with peers was through regular zoom chats.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs and their wishes. The residents were active in their community. They utilised local shops, local amenities such as parks, went for walks and drives. On the day of inspection one resident was out in the community for the morning in the garden centre etc. They also utilised the Internet and zoom, one resident went to a resource centre twice weekly which they enjoyed.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. PPE in the form of face masks were introduced as mandatory for all staff to wear. All training in enhanced hand hygiene and Infection Prevention Control (IPC) were completed. Supplies of alcohol based Hand Sanitizers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy read versions were developed to aid residents understanding and compliance also. Standard Operating Procedures were created in line with national IPC guidance to support staff manage if a resident or staff is suspected or confirmed as having COVID-19.

The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which were carried out regularly and found that they indicated that the residents could be safely evacuated in 50 seconds. No issues were highlighted as part of the evacuation drill. Personal egress plans were in place for the residents. Fire doors were in place since the last inspection and the automatic magnetic closers were placed on doors.

The provider had ensured that the premises were laid out to meet the needs of the resident and overall the centre was clean and warm however the bathroom floor downstairs required repair and upgrade. There was adequate communal and private

space for residents. The centre was decorated to the residents personal taste.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. There were no safeguarding plans in use in the centre however there was a safeguarding protocol in place and was reviewed during the inspection. The inspector found that this was being adhered to by staff members. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with the person in charge regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life and consent was sought from the residents for example for the COVID - 19 and flu vaccine.

Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the resident received appropriate care and support in accordance with assessed needs and their wishes.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the resident however the bathroom floor downstairs required repair and upgrade.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place

Judgment: Compliant

Regulation 6: Health care

Overall the health and well-being of the resident was promoted in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

A comprehensive behaviour support plan was noted to be in place by the inspectors. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents rights were respected and that they exercised choice and control in their daily lives.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Parnell Place Residential Service OSV-0004117

Inspection ID: MON-0033344

Date of inspection: 26/07/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider has arranged that consultation with residents and their representatives takes place by 24/09/2021	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A Builder is scheduled to address issues identified in ground floor bathroom Completion due 31/10/2021. The bathroom has been scheduled to be steam cleaned every month. Refurbishment of the bathroom scheduled for mid 2022	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	24/09/2021