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Parnell Place Residential Service, OSV-0004117, 19 August 2019

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Office of the Chief Inspector

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

Name of designated centre:	Parnell Place Residential Service
Name of provider:	RehabCare
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	19 August 2019
Centre ID:	OSV-0004117
Fieldwork ID:	MON-0022566

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
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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 - 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
19 August 2019	09:15hrs to 17:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

All of the three residents spoke with the inspector; residents guided some of this engagement, for example when it occurred and how long it lasted; some engagement was spontaneous and evolved as part of the normal daily routines in the centre.

Overall residents reported that they were happy and that everything was great in the centre. Residents discussed their plans for the day and these plans reflected the support described by staff, for example planned evening meals and walks. Independence, individuality and ability in life and in daily routines were common themes. One resident said that he would like to live more independently and that he spoke to management about this. Family contact and relationships was evidently important to all of the residents; the inspection findings supported collaborative working between families and staff.

Residents and representatives also completed questionnaires provided by HIQA (Health Information and Quality Authority prior to the inspection. Respondents provided positive feedback of their experience of the centre, their satisfaction with the staff team and the care and support provided; residents knew the management team and said they would speak to them if they were not happy. Residents did identify particular activities that they would like to engage or re-engage in such as exercise dance fitness programmes and going to a gym.

The inspector noted that residents were comfortable and confident in their home, with staff and management.

Capacity and capability

Overall the inspector found that the centre was effectively and consistently governed and residents were in receipt of a safe, quality service. The centre was also adequately resourced to deliver on this stated objective. Some areas were identified that required improvement so as to provide assurance that residents (though in receipt of a good standard of care), were also in receipt of the best possible support.

The management structure was clear and there was clarity on individual roles, responsibilities and reporting relationships. The day to day management of the centre was devolved to the person in charge and the team leader. The person in

charge had other areas of responsibility including the on-site resource centre and the practical day to day support from the team leader ensured a governance structure that functioned. It was evident that they worked collaboratively and their ability and this collaborative approach supported the effective management of the centre.

Oversight of the service was maintained through a variety of means including consultation with residents and their representatives, staff meetings and audits such as audits of medicines management practice. The provider was also completing the unannounced reviews specified by the regulations. The inspector reviewed the reports of the two most recent reviews completed in February and July 2019 and saw that feedback on the quality and safety of the service was actively sought from residents, their representatives and staff. The feedback provided was consistently positive; the reviewers established that staff had the knowledge and information that they needed to provide appropriate support. While areas requiring some improvement were self-identified, overall a substantive body of good practice was found. These internal findings would be aligned with these and previous HIQA inspection findings and the provider has sustained a consistent high level of regulatory compliance.

A factor identified by the provider as core to this consistency and quality was their ability to recruit and retain a stable group of staff. This stability and consistency was evident from the staff rota and the staff on duty had also been present for the last HIQA inspection. There were agreed staffing levels that were adequate and maintained and staff were deployed to reflect the occupancy and needs of the residents. For example, residents went home to family regularly and there were less staff on duty on these occasions, conversely there were times when two staff were on duty.

Staff were facilitated with training that developed and maintained the knowledge and skills that they needed for their role and work. The inspector reviewed well-maintained records of training completed by staff and saw that all staff working in the centre had completed mandatory, required and desired training such as fire safety, medicines management, occupational first- aid and hand hygiene.

The provider had complaints management systems that were accessible and effectively implemented. Residents said that they would speak to named staff members if they had a concern and the management team was accessible to residents on a daily basis. Staff understood the procedure and escalated complaints that were not within their scope to resolve. The inspector reviewed the records of complaints that had been received and was satisfied that complainants were listened to and action was taken to address and resolve the matters complained of. These actions were discussed and agreed with complainants and with the staff team so that any change needed was put into practice.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection a complete application for the renewal of registration of the centre had been submitted by the provider to (HIQA).

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre. The person in charge was an experienced manager in the provision of care, support and services to persons with a disability including this service and this particular cohort of residents. The person in charge was aware of their role and responsibilities under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and arrangements were appropriate to the assessed needs of the residents. Residents received continuity of care and supports from a team of regular staff.

Relief staff were used only in response to events such as annual leave.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with the training required so as to provide a safe and effective service. Staff had training in safeguarding of adults, safe administration of medication including rescue medicines, positive behavioural support and fire safety.

Attendance at refresher training was monitored, scheduled and planned.

Supervision to support staff in their work was understood and implemented

informally and formally.

Judgment: Compliant

Regulation 21: Records

The inspector found that any of the requested records as listed in part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 were in place. The records were well maintained.

Judgment: Compliant

Regulation 22: Insurance

There was documentary evidence that the provider was insured against injury to residents and against other risks in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Effective management systems were in place to support and promote the delivery of safe, quality care and services.

The centre was monitored and audited appropriately so as to bring about improvement where needed and to ensure the service provided was safe and appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information; for example a statement as to the aims and objectives of the centre and the facilities and services to be provided to residents; it accurately described the service provided. The record was made available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their remit to notify the chief inspector as required by the Regulations of certain incidents occurring in the centre. However, a deficit had arisen in their submission that was clarified, addressed and rectified during this inspection. The person in charge and the provider committed to review their arrangements for submitting such notifications to prevent a reoccurrence.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had appropriate policy and procedures on the receipt and management of complaints.

Judgment: Compliant

Quality and safety

The inspector found that residents received a good individualised safe, quality service where they were supported in so far as was reasonably practicable to live their lives in accordance with their wishes and choices. However, there was scope for improvement; this improvement was necessary to assure the optimal effectiveness of the care and support provided to residents individually and collectively.

The care and support provided to residents was individualised in that different levels of support were provided by staff based on the assessed needs, abilities and wishes of residents. The provision of support and care commenced with the assessment and ongoing review of each residents needs, abilities, wishes and preferences. This information was then set out in the personal plan; the plan seen by the inspector was well presented and depicted a clear picture of each resident, their daily life, their hopes and goals and their required support. Residents and their representatives were consulted with and participated in decisions about the care and support to be provided. The practice observed in the centre and described by residents and staff was as detailed in the plan; this provided assurance that the plan was a live document that guided daily care and support.

The provision of support very much reflected a process of continuous discussion and negotiation between staff and residents as staff sought to support residents to make good and informed decisions while respecting their right to independence and self-direction. There were systems in place to ensure that the residents' voice was heard and their rights and choices were respected in the centre. Residents said that they would speak to staff and the inspector saw that they had ready daily access to the person in charge who they recognised as in charge. In addition monthly key-working meetings were held between residents and their key-worker. Monthly house meetings were also held but given the individuality of each resident the key-worker meetings were viewed by staff as a more successful method of consultation and discussion.

Balancing rights and safety required good risk identification and management practice to promote the safety of the service and resident safety. The register of risk assessments seen and the individual risk assessments reviewed by the inspector were work, centre and resident specific; the latter reflected the assessment of needs, ability and skills as seen in the personal plan. Changes and events informed the review of the register of risks, for example following an incident or the issuing of safety alerts and guidance. However, as discussed below in relation to behaviour of risk and its potential and actual impact on peers there was a requirement for objective risk assessment to establish the level of risk, the acceptability of that level of risk and any additional controls that may be needed.

Generally residents enjoyed good health but did need support and guidance from staff and family to ensure that they maintained their health and well-being; staff, residents and families worked collaboratively together in this regard. Staff assessed, monitored and took action as necessary; the personal plan included any care needed such as specific dietary requirements. Residents had, based on records seen access to services such as their General Practitioner (GP), neurology, dietetics and dental care. However, the inspector noted and the person in charge confirmed that while previously regular access to mental health services had been provided as part of a residents overall support and care, (their needs had not changed), access was not now available and had not been available for some period of time prior to this inspection.

This finding was relevant as in the context of their needs residents did at times when challenged to cope with situations or events present with behaviour that posed risk to others. How these events were to be avoided and responded to was clearly set out for staff in the support plan and in behaviour management guidelines. Practice described to and observed by the inspector reflected these guidelines; the guidelines were recently reviewed by the behaviour therapist. However, while the inspector was satisfied that residents received good support, assurance as to the effectiveness of behaviour support strategies was not adequately robust. This finding was concluded given the absence of access to mental health clinicians as mentioned above, a requirement for review and clarity on the optimal use of medicines prescribed as an adjunct to therapeutic interventions and the need for the collective analysis of behaviour related incidents. The inspector saw that individually incidents and events were recorded and reviewed by management. However, more detailed analysis was required so as to inform and objectively ascertain the

effectiveness of current preventative and management strategies.

There were systems in place to ensure that the residents were adequately safeguarded in the centre and where required, safeguarding plans were in place. From these plans the inspector was assured that there was clarity on the reporting and management of for example statements that residents might make in response to certain events or situations; this clarity ensured that protecting from harm and possible harm was the priority at all times. All staff had undertaken training in safeguarding; staying safe was discussed with residents at their key-working meetings; residents explained how they stayed safe such as not talking to persons they did not know when out and about. However, while no concerns were raised by residents, their representatives or staff, based on the inspector's review of incidents occurring in the centre, there was as also mentioned above, a requirement for the objective assessment of the risk for and the impact on peers related to behaviours of concern and risk.

Residents were offered choice and an assessment was completed to establish resident capacity to safely manage their own medicines; based on a combination of personal choice and assessment findings one resident was managing their own medicines. Overall where full and minimal staff support were provided the evidence was of medicines management practice that promoted and protected resident safety and well-being. For example staff had completed training including training in the administration of rescue medicines; medicines were supplied by a local community based pharmacy; the provider and the pharmacy audited medicines management practice. These audits effectively monitored the appropriateness of practice; there were intermittent recording errors but staff were generally accountable for their practice and self-identified errors.

Resident safety was further promoted by effective fire safety systems. For example the inspector saw that the centre was equipped with a fire detection and alarm system, emergency lighting and building infrastructure to contain fire and its products such as fire resistant door-sets to protect the main escape route. Certificates were in place attesting to the inspection and testing of these systems; staff also completed in-house checks. Staff had completed fire safety training and regular simulated evacuation drills were undertaken. Staff were aware of specific resident requirements in relation to evacuation drills and considered these when scheduling drills. Fire safety and evacuation was discussed with residents and there were no reported or recorded challenges to safe and timely evacuation.

Regulation 10: Communication

There was evidence of a broad understanding of how residents communicated; assessment established any communication differences and the importance of communication in the context of other areas of support such as behaviour support. Residents were informed and had good access to a range of media including

personal computers and Internet access.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to develop and maintain personal and family relationships in accordance with their wishes. Residents continued to enjoy regular family contact; family called to the centre or staff supported residents to travel home.

Judgment: Compliant

Regulation 13: General welfare and development

Each resident attended structured day services and had opportunity for new experiences, social participation, recreation, education and training; residential and day service staff worked together in this regard. Access and participation was determined by individual needs, abilities, interests and choices and therefore supported success rather than failure.

Judgment: Compliant

Regulation 17: Premises

The premises and its location were suited to the individual and collective needs of the residents. Its location provided ready opportunity for community access and integration while also affording safety and security. Residents were seen to have control over their personal space and while they shared communal space an additional recreational area was also provided and utilised in line with individual needs and choices. The premises presented well and was in a good state of repair and decoration.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management policies and procedures and risk assessments were in place for dealing with situations where resident and/or staff safety may have been compromised. Risks and their management were reviewed regularly. The approach to risk management was individualised and supported responsible risk while keeping residents safe from harm.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that there were effective fire safety management systems in place including arrangements for the safe evacuation of residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that staff promoted resident safety and well-being by adhering to the providers' policies and procedures on the management of medicines. Staff had completed the training required including the administration of emergency/rescue medicines. Where applicable residents were facilitated to manage their own medicines. Staff had access to legible prescriptions and support from the community based pharmacist; staff maintained a record of the medicines administered by them.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs, abilities and wishes and outlined the supports required to maximise their well-being, personal development and quality of life. The plan was developed and reviewed in consultation with the resident and their representative as appropriate. The inspector was satisfied that the plan guided daily practice and was reviewed and updated as needed.

Judgment: Compliant

Regulation 6: Health care

Staff assessed, planned for and monitored residents healthcare needs so that residents continued to enjoy good health. Staff, residents and families worked collaboratively together.

Judgment: Compliant

Regulation 7: Positive behavioural support

Based on the evidence available to the inspector the standard of support provided was good and consistent. However, assurance as to the effectiveness of behaviour support strategies was not adequately robust. This finding was concluded given the absence of access to mental health clinicians, a requirement for review and clarity on the optimal use of medicines prescribed as an adjunct to therapeutic interventions and the need for collective analysis of behaviour related incidents and PRN (as required) medicines. In addition, there was a requirement for the objective assessment of the risk for and the impact on peers of behaviours of concern and risk.

Judgment: Substantially compliant

Regulation 8: Protection

There were policies and supporting procedures and safeguarding plans for ensuring that residents were protected from all forms of abuse. Residents were assisted and supported through regular discussion with staff to develop knowledge, self-awareness, and understanding of self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was satisfied that practice in this centre respected the rights, dignity, privacy and individuality of each resident. Residents were consulted with and provided with the information that they needed to make good decisions. Residents had the support and based on assessed risk the independence that they needed or desired.

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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	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 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Parnell Place Residential Service OSV-0004117

Inspection ID: MON-0022566

Date of inspection: 19/08/2019

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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Actions</p> <ul style="list-style-type: none"> • Risk assessments have been completed for each resident to highlight the impact behaviours of concern or risk have on their peers. • An overview of behaviour support strategies and a review of incidents that have occurred to be completed with the support of a behaviour therapist. • A quarterly review of all behavioural support input will be conducted with the support of a behaviour therapist. • Additional mental health clinician referrals to be made and a psychiatric evaluation to be scheduled with on-going support and review from the General practitioner, Psychologist and Behaviour Therapist in the interim. 	

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 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30/11/2019