



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

Issued by the Chief Inspector

Name of designated centre:	Parknasilla
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	30 April 2024
Centre ID:	OSV-0001691
Fieldwork ID:	MON-0043058

About the designated centre

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

Parknasilla is a designated centre operated by Sunbeam House Services Company Limited by Guarantee. Parknasilla offers residential services for up to ten adults with disabilities (both male and female). It is located in Co. Wicklow within walking distance of a large town which provides access to a range of community based amenities to include hotels, restaurants, pubs, parks, shops and shopping centres. The centre comprises of two large houses on the same street. Each resident has their own individual bedroom, decorated to their individual style and preference. Communal facilities are provided including kitchen/dining room, sitting rooms, visitors' room and a TV room. The centre is staffed with an experienced and qualified person in charge. The person in charge is supported in their role by a deputy manager and a team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Tuesday 30 April 2024	10:10hrs to 15:00hrs	Kieran McCullagh	Lead
Tuesday 30 April 2024	10:10hrs to 15:00hrs	Ann-Marie O'Neill	Support

What residents told us and what inspectors observed

In March 2024, the provider was issued a notice of proposal to cancel the registration of the centre following an unannounced inspection in January 2024. The notice had been issued based on the grounds of the provider's failure to meet compliance with the regulations and standards, which was impacting on the residents' quality of life and the safety of the service provided to them.

In addition, the provider had failed to have in place comprehensive governance systems that reflected the complexity of the service provided. For example, the provider had not taken any considered or timely action to meet the changing needs of residents or mitigate safeguarding concerns presenting and ineffective staffing arrangements were resulting in residents experiencing a poor quality service.

The provider submitted a written representation to the notice in April 2024 setting out the actions they would take to bring the centre back into compliance and to address governance concerns identified on the previous inspection. The purpose of this unannounced inspection was to assess the provider's implementation of their representation actions to determine if sufficient and evidential progress had been made. Inspectors used observations, conversations with residents and staff, and a review of documentation, to inform their judgments and recommendation in relation to the aforementioned notice.

Parknasilla comprises two homes and is located in a community residential setting in North County Wicklow. The centre is registered to accommodate a maximum of ten residents. On the day of the inspection seven residents were living in the centre. Inspectors met with four residents throughout the duration of the inspection and also met and spoke with the Chief Executive Officer (CEO), senior service manager, person in charge and staff members on duty.

Overall, this inspection found the reduced number of residents living across both homes and evident improved compatibility of the residents were positively contributing to the improved compliance levels found on this inspection, in comparison to previous inspections.

Therefore, it was clear that the service, while registered to accommodate 10 residents, was more suitable to provide care and support less residents across both homes, in order to ensure optimum care and support.

Residents appeared to be relaxed and happy throughout the duration of the inspection. Inspectors had the opportunity to speak with three residents who were relaxing in the sitting room of the first home. They told inspectors they were looking forward to attending a party at the weekend and inspectors observed they were content in the company of one another. One resident showed inspectors their pet fish while another resident sat and engaged in colour therapy. The third resident was having lunch and watching television. They told inspectors they enjoyed the

food and were happy living in their home.

One resident living in the second home spoke more in depth with inspectors. They told inspectors that they were very happy living in the centre. They described the staff as being "good" and "amazing". They got on well with the other residents, and said since the last inspection they "get on well with everyone now". They spoke about the activities they enjoyed, such as going out for lunch with staff. They also spoke about plans to go bowling that evening with other residents. They had no concerns, and were satisfied with the supports they received.

Inspectors 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.

Since the previous inspection of the centre, inspectors observed and noted a more relaxed and pleasant atmosphere in the centre which was partly attributable to some of the recent initiatives introduced by the person in charge. The person in charge spoke about how the provider's representation actions that were being implemented to improve the quality and safety of service provided to residents in the centre, and the resources involved. For example, internal and external multidisciplinary allied professional services and additional staffing. They also acknowledged that further efforts were required, particularly to ensure that residents' needs were fully assessed and being met and to ensure where staffing resources were required, that their concerns were listened and responded to by the provider.

Inspectors 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 and artwork. Residents' bedrooms were laid out in a way that was personal to them and included items that was of interest to them. For example, one resident showed inspectors their bedroom, which was decorated with family photographs and medals they had won for bowling.

However, during the walk around inspectors observed that some vacant bedrooms were small in size with limited storage arrangements for personal items and clothing. In addition, of those bedrooms that were occupied, residents, while provided with wardrobe provisions, were also storing their belongings in additional storage arrangements in their bedrooms.

For example, inspectors observed residents' utilising large plastic containers or portable shelving units in their bedrooms in addition to their wardrobes. This demonstrated that the bedroom spaces, across both homes, were somewhat limited in size to ensure residents personal belongings could be stored and arranged in a way that did not impact on the circulation space in their bedrooms. Inspectors brought this to the attention of the person in charge, senior manager and CEO during the feedback meeting at the end of the inspection.

From speaking with residents and observing their interactions with staff, it was evident that there had been improvements since the previous inspection that were

bringing about positive impacts for residents. The reduction in resident numbers had contributed, not only to a more relaxed home for residents, but also meant the staffing numbers in the centre were suitably meeting the number of residents. In turn, this meant residents' care and support needs could be responded to and better met across all areas of their lives.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

A notice of proposal to cancel the registration of the centre was issued in March 2024 by the Chief Inspector of Social Services in response to prolonged and ongoing non-compliance found in this centre which had been found on a number of previous inspections with the most recent inspection in January 2024.

The provider submitted written representation in response to the notice, which outlined the actions they would take to come into compliance with the regulations and standards to demonstrate fitness on their part.

This inspection focused on reviewing the provider's progress in implementing and sustaining the actions submitted by the provider as part of their written representation. Inspectors found that while some actions remained outstanding, there was clear evidence that a number of the actions had been achieved to a reasonable standard, which was having a positive impact on the quality and safety of service provided in the centre.

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 were supported in their role by a senior service manager.

The provider completed an annual review of the quality and safety of care and support in the centre and identified areas for ongoing improvement. Since the previous inspection a six-monthly unannounced visit of the centre had taken place in March 2024. Subsequently, there was an action plan in place to address any concerns regarding the standard of care and support provided.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. Inspectors observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, inspectors saw residents being supported to participate in a variety of home and community based activities of their own

choosing. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to make choices.

Inspectors found that the provider had fulfilled most of the actions outlined in their representation, and that there was improved oversight and resourcing of the centre. The provider acknowledged that they did not have the means to ensure that residents' full needs were being met in the centre, and were engaging with external services to meet these deficits. This is discussed further in the body of the report.

However, the provider had not made suitable consideration in their representation response to the positive impact the reduced number of residents living in the centre was having on residents' lived experience and quality of staffing supports. This required consideration and improvement by the provider to ensure the positive outcomes from this inspection could be sustained going forward.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

The person in charge maintained a planned and actual staff roster. Inspectors reviewed planned and actual rosters for the months of February, March and April 2024 and found they all accurately reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Since the previous inspection, the provider had completed a review of staffing levels to ensure that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of the residents.

For example, the provider had put in place a waking night staff in one residence, in addition to the current staffing arrangements of the designated centre to further meet residents' changing needs and to mitigate risks relating to falls, support when in a heightened and agitated state during the night time and personal hygiene and intimate care supports.

This inspection found there were the right number of staff for the number and assessed needs for the seven residents present on the day of inspection.

However, the centre was registered for 10 beds and therefore, if the centre was operating at full capacity, the staffing levels would not be appropriate or suitable, this would require consideration of the provider and had not been set out in the provider's representation response.

Judgment: Substantially compliant

Regulation 23: Governance and management

Since the previous inspection inspectors observed that the provider had improved their resourcing and monitoring of the centre, which was in turn improving the quality and safety of service provided to residents living in the centre.

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 person in charge was suitably qualified and experienced. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities.

An annual review of the quality and safety of care had been completed for 2023. In addition, a suite of audits were in place including monthly local audits and six-monthly unannounced visits, as per the regulatory requirement. Audits carried out included fire safety, health and safety and medication management. On completion of these, action plans were developed to address any issues identified.

Information provided as part of this inspection demonstrated the provider had implemented a large number of actions which was a positive and responsive initiative to improve the overarching governance arrangements for the organisation. At operational level within the centre, a number of actions, the provider had committed to undertake as part of their representation, had been achieved to the improve the quality and safety of the service provided to residents, such as improved staffing and safeguarding of residents.

The provider recognised that they did not have the capacity to meet residents' full needs in the centre and this deficit was impacting on their safety and quality of life. However, the provider was actively future planning for residents and had had engaged with residents and their representatives and external services to assess and plan for residents' needs. For example, a completed housing application was submitted to the local County Council Office in March 2024 and an application had been submitted to the provider's funder to source alternative accommodation for one resident, which would better meet their changing needs.

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.

The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred.

The provider had implemented actions, as outlined in their representation, to improve the quality and safety of the service provided to residents in the centre resulting in improvements under most regulations inspected. However, further improvements were still required, particularly in relation to positive behavioural support.

Where required, positive behaviour support plans were developed for residents, and the provider had ensured that residents were provided with the necessary support to manage their emotions, and could access the services of a behaviour support specialist if needed. On the day of the inspection, positive behaviour support plans were being updated.

However, inspectors observed evidence that regular meetings between the behaviour specialist and residents and staff team were taking place in order to provide effective positive behaviour supports for staff to respond to behaviour that is challenging. A comprehensive review of staff training was required to ensure that staff could fully implement strategies and supports in the interim while positive behaviour support plans were being updated.

Good practices were now in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. Since the last inspection there had been four notifications submitted to the Chief Inspector of Social Services as a result of ongoing incompatibility issues. However, the provider had put in place responsive actions to monitor and address the ongoing safeguarding risks in the centre and as a result residents were experiencing positive lived experiences in their home.

Inspectors observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. Residents had sufficient opportunities and supports to partake in activities in line with their wishes, capacities, and interests.

Regulation 7: Positive behavioural support

The provider had implemented improved arrangements to provide positive behaviour support to residents with an assessed need in this area. However, some improvements were still required and underway at the time of the inspection.

Since the last inspection, work had commenced on updating residents' positive behaviour support plans by an appropriately qualified person. The behavioural practitioner was actively working with residents and the staff team to ensure each

plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring. As per the provider's representation this work was to be complete by the end of May 2024.

Staff spoken with were knowledgeable of support plans in place and inspectors observed positive communications and interactions throughout the inspection between residents and staff.

However, staff had not completed training to support them in being able to respond appropriately to residents' behaviours of concern. This required review by the provider.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented improved systems to safeguard residents from abuse. For example, the provider was in the process of updating their policy to ensure it adequately reflected National Safeguarding of Vulnerable Adults policy and overall, that it contained information to provide clear guidance to staff on managing peer-to-peer safeguarding incidents.

Since the last inspection all safeguarding plans had been reviewed and updated. Inspectors reviewed incidents that had occurred, including four preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice. The number of peer to peer related incidents had significantly decreased. As a result of this, residents were not experiencing high levels of anxiety and stress in their home, which was identified on the previous inspection.

In addition, inspectors saw evidence that the provider had sourced and put down a deposit on alternative and more suitable accommodation for one resident, which would improve the lived experience of both the resident relocating and the remaining residents in the centre and further mitigate safeguarding incidents occurring.

Inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre. Residents spoken with said they felt safe and were happy with the service.

Judgment: Compliant

Regulation 9: Residents' rights

The provider and person in charge had made efforts to promote residents' rights in the centre, including their right to communicate and make decisions. For example, the person in charge had engaged with the provider's speech and language therapy department to assess a resident's communication needs, and to develop a communication support plan for staff to follow in relation to their future living arrangements. The inspectors observed that this communication plan formed part of the resident's updated transition plan.

Since the last inspection, the person in charge had met with a resident and their family in relation to relocation plans. It was evident on the day of the inspection that the provider was actively consulting with residents to ensure they fully participated and consented to decisions made about their care and support.

Residents had access to independent advocacy services. For example, inspectors saw evidence that an independent advocate attended the service to meet with one resident since the last inspection. Residents were encouraged and supported about how they chose to live on a day-to-day basis. For example, the person in charge identified a dementia day service for one resident to attend. The resident had been encouraged to attend but had declined to date and this has been respected in line with their will and preference.

The provider, person in charge and staff were fully aware that the centre was the residents' home and their views were actively and regularly sought. For example, feedback was sought through six-monthly unannounced visits and the annual review of the quality and care of the service.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Parknasilla OSV-0001691

Inspection ID: MON-0043058

Date of inspection: 30/04/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A letter was sent to HIQA confirming the following- I confirm that we wish to make a change to the application to renew Parknasilla OSV-0001691, we are requesting that the number of beds be reduced from 10 to 7.</p> <p>The revised floor plans, Statement of Purpose and Residents’ Guide reflecting this change were attached as requested and as agreed the additional document on our Management Plan will followed before close of business on 28th May.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: 4 out of 7 behaviour support plans have been completed for residents across two locations. Two of these behaviour support plans are for residents with changing needs and challenging behaviours. Behaviour training for the staff team will take place at the next team meeting scheduled for end of June 2024.</p>	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	10/06/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their	Substantially Compliant	Yellow	30/06/2024

	behaviour.			
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	30/06/2024