

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

Issued by the Chief Inspector

Name of designated centre:	Parkview
Name of provider:	Sunbeam House Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	19 March 2024
Centre ID:	OSV-0001704
Fieldwork ID:	MON-0034143

About the designated centre

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

Parkview is a designated centre operated by Sunbeam House Services Company Limited by Guarantee. The centre is located on the outskirts of a town in Co. Dublin and can provide residential care for four female residents over the age of 18 years. The centre can cater for residents who have moderate to high support needs. The support provided varies depending on the individual residents' needs and requirements. Residents are supported to live as independently as possible in the centre, and are encouraged to actively engage with their community. The centre is a two-storey house which comprises of single residents' bedrooms, a sitting room, a kitchen and dining area, shared bathrooms and staff offices. The centre is close to transport services, shops and recreational services. Staff are present in the centre both day and night to support residents living here. The staff complement includes the person in charge, a deputy manager, social care workers, and a day services instructor.

The following information outlines some additional data on this centre.

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 19 March 2024	09:30hrs to 17:35hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

The inspector found that the centre was operating at a good level of compliance with the regulations, and that overall, residents were in receipt of a safe and quality service. However, improvements were required to ensure that the provider responded to deficits in the premises within an appropriate time frame.

The centre comprises a two-story detached house. The centre was located close to a busy town with many amenities and services, including public transport, shops, and eateries. There was also a vehicle available in the centre for residents to access their community and beyond.

The inspector carried out a thorough walk-around of the centre with the person in charge. Each resident had their own bedroom. The bedrooms were personalised to the individual residents' tastes. The communal space comprised a large sitting room, an open-plan kitchen and dining area, and bathrooms. There was also a staff sleepover room and offices.

Overall, the inspector found the premises to be bright, clean, and comfortable, and there was a relaxed and homely atmosphere in the centre. It was also nicely decorated. For example, residents' artwork and bright Easter decorations were on display. There were also notice boards with information for residents on the weekly menu, advocacy services, infection prevention and control (IPC), safeguarding, the upcoming inspection, the complaints' procedure, and different community activities. The staff rota was also presented using pictures of staff to make it more accessible to residents.

The outdoor space included a large driveway, and side and rear gardens. The gardens were pleasant, spacious and contained seating furniture for residents to use. However, some residents with mobility issues found it challenging to access the gardens due to the design of the back door. The inspector also observed that the front driveway required maintenance to mitigate trip and fall hazards. For example, the ground was uneven in places and a handrail was required for residents to use (as recommended in an occupational therapy report and in recent health and safety audits).

While the centre was generally well-equipped, for example, with mobility equipment, some residents required additional equipment which had not yet been provided to them. These matters and the premises are discussed further in the quality and

safety section of the report.

There were some restrictive practices implemented in the centre, including locked doors and gates. The person in charge told the inspector about the rationale for the restrictions and the arrangements for their review. The inspector observed good fire safety systems such as fire detection and fighting equipment in the centre. Fire safety and restrictive practices are discussed further in the quality and safety section of the report.

During the inspection, residents were engaged in different community and in-house activities, such as attending day services, eating out, swimming, going for drives, craft work, and listening to music. Residents required different levels of support from staff with their activities. For example, some residents accessed the community independently and used public transport, while others required staff to accompany them.

The inspector read surveys that staff had supported residents to complete in advance of the inspection on what it was like to live in the centre. Residents said that they were safe in the centre and could choose how they spend their time. They also said that staff mostly knew what was important to them, including their likes and dislikes. However, three residents said that the centre could be a nicer place to live. For example, one resident said that they did not get along with their housemates, another resident said that they would like to be more independent in their community, and two residents said that the food could be better.

The inspector met all four residents during the inspection, and three of them chose to speak with the inspector. They said that they liked living in the centre and got on with their housemates. However, one resident said that at times they wanted to move out due to the behaviours of other residents. The residents described the premises as being "nice", and were satisfied with their bedrooms, and the food in the centre. However, one resident told the inspector that the absence of handrails at the front of the house posed a risk to their safety. The residents liked the staff and said that they could talk to them if they had any problems. One resident described the staff as being "lovely, nice and kind". The residents had participated in fire drills, and knew to evacuate the centre in the event of a fire.

The residents spoke about the activities they enjoyed, such as working in paid employment, eating out, spending time with friends and family, swimming, going to the cinema, arts and crafts, cooking, gardening, going to the beach, and attending day services. Some residents were also looking forward to an upcoming holiday with staff. Two residents told the inspector that there were no restrictions on them, and that they could freely choose how they spent their time and own money. One resident required staff support to access the community. They told the inspector that they were happier when they could go out independently, but understood that they needed support due to their changing needs.

During the inspection, the inspector spoke with different members of staff and also observed them engaging with residents in a kind manner.

The management team (comprising the person in charge, a deputy manager, and

the senior services manager) told the inspector that the service provided to residents in the centre was "very person-centred" and "well-run". They told the inspector about how they ensured that residents were enabled to make decisions in their lives and in the running of the centre. For example, through daily consultations, residents' meetings, key worker meetings, goal planning, and consultation during audits. Residents had varied social, personal, and health care needs, including some needs which had recently increased. The management team were satisfied with the arrangements that were in place to meet these needs. For example, the staffing levels had recently increased, and residents had access to multidisciplinary team services. The increased staffing levels were having a positive effect on reducing behaviours of concern in the centre, and ensuring that residents' choices were facilitated. However, the team expressed some concern for residents' safety due to the absence of handrails at the front of the house and additional mobility equipment that was required for some residents.

A social care worker told the inspector that residents were well-cared for in the centre which operated to a high standard. They said that staff closely followed residents' care plans to deliver appropriate care, and facilitated their individual choices and personal preferences. They spoke about the main risks in the centre, such as residents' increasing needs, and were also aware of the measures outlined in the safeguarding plans.

Overall, the inspector found that residents were in receipt of a good quality service, and that arrangements were in place to meet their assessed needs and wishes. However, improvements were required to aspects of the service provided in the centre, such as the maintenance of the premises.

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

Generally, there were good management systems in place to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their needs. Overall, the provider had ensured that the centre was well-resourced. For example, staffing levels had recently been enhanced in response to residents' changing needs. However, the providers' response to other aspects of the service that required improvement was not sufficient, such as the maintenance of the premises.

The provider and local management team had implemented management systems to ensure that the centre was effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out with actions identified to drive quality improvement. The local management team monitored quality improvement actions, and addressed those within their control. However, some actions repeatedly

highlighted in audits, such as the requirement for handrails at the front of the house, had not been completed by the provider which posed a risk to residents' safety.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. They had responsibility for another centre as well as the centre concerned, and were supported in the management of the centres by a deputy manager. The person in charge reported to a senior services manager, and there were systems for them to communicate. The senior services manager reported to a Chief Executive Officer (CEO).

The staff skill-mix and complement was appropriate to the number and assessed needs of residents. There were some vacancies. However, the person in charge managed them well to minimise any adverse impact on residents. The person in charge maintained planned and actual staff rotas (a minor improvement was required to clearly show the name of the centre).

The person in charge was satisfied with the staffing arrangements, describing the staff team as being "good advocates" for residents. Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal appraisal meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meeting minutes which reflected discussions on complaints, safeguarding of residents, audit findings, hazards in the centre, fire safety, and the Assisted Decision-Making (Capacity) Act, 2015.

There was an effective complaints procedure in place. The procedure had been prepared in an easy-to-read format and was readily available to residents and their representatives. Complaints made by residents had been appropriately recorded and managed to resolution.

The person in charge had ensured that incidents occurring in the centre were notified to the Chief Inspector of Social Services in accordance with the requirements of regulation 31.

The provider had submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules, for example, insurance contracts, statement of purpose, and the residents' guide.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in social care and management.

The person in charge demonstrated effective governance, operational management and administration of the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff skill-mix, comprising the person in charge, deputy manager, social care workers, and a day services instructor, was appropriate to the number and assessed needs of the residents living in the centre. The provider had also recently increased the staff complement in the centre in response to the changing needs of residents.

There were some vacancies in the complement which the provider was recruiting for. The vacancies were filled by regular agency staff and permanent staff working additional hours to reduce any adverse impact on residents and support continuity of care.

The person in charge maintained planned and actual staff rotas. The rotas clearly showed the staff on duty in the centre during the day and night. The rotas also highlighted staff with additional duties. For example, shift leaders were highlighted in colour.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, administration of medication, first aid, manual handling, supporting residents with modified diets, management of behaviours of concern, management of complaints, and fire safety. The training records viewed by the inspector showed that most staff were up to date with their training requirements. The person in charge had scheduled any outstanding training, as well as bespoke dementia training for staff to attend in May 2024.

The person in charge and deputy manager provided informal support and formal supervision to staff in line with the provider's supervision and probation policies. Records of formal supervision and probation reviews were maintained.

Staff could also utilise an emergency on-call service if they required support outside of normal working hours.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The inspector found that it was generally well-resourced to ensure the delivery of effective care and support. For example, the staffing arrangements had recently been enhanced in response to residents' changing needs. However, the provider's response to audit findings required improvement to ensure that all risks to residents were addressed in a timely manner.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge had responsibility for two designated centres. However, this did not impact on their effective governance and management of the centre concerned. They were supported in their role by a

deputy manager. The deputy manager's duties included conducting staff appraisals, carrying out audits, and organising rotas. The person in charge reported to a senior services manager who in turn reported to a Chief Executive Officer. There were effective arrangements, such as meetings, for the management team to communicate and escalate information.

The provider and local management team carried out a suite of audits, including detailed unannounced visit reports and annual reviews (which consulted with residents), and audits on health and safety, infection prevention and control, residents' finances, and medication management. The audits, particularly the health and safety audits, were comprehensive and identified actions for quality improvement.

The local management were responsive in addressing actions within their control. However, the provider's response to some actions required improvement. For example, several audits had noted that handrails were required at the front exterior of the house for residents at risk of falling. The inspector found that the issue had been notified to the provider's maintenance department in 2021 and remained unresolved (despite it been noted in several audits since then). The absence of handrails poses a risk to residents' safety. In addition to the handrails, as part of the recent annual review, some residents had expressed dissatisfaction with the accessibility of the centre, and this issue also remained unresolved.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had recently been revised to ensure that it was accurate and sufficiently detailed, and was available in the centre to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, the inspector reviewed a sample of the records of incidents that had occurred in the

centre in the previous 18 months, such as serious injuries, allegations of abuse, and use of restrictive practices, and found that they had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents which was underpinned by a written policy. The policy outlined the relevant persons' roles and responsibilities, and arrangements for residents to access advocacy services. The procedure had been prepared in an easy-to-read format and was readily available in the centre for residents and their representatives to view. It had also been discussed with residents at a recent meeting to support their understanding of the procedure.

Staff had completed training in the management of complaints to enable them to appropriately respond to complaints. The inspector viewed the records of complaints made by complainants in the previous 12 months. The complaints had been reviewed by the provider's complaints officer, and were closed to the satisfaction of the complainants.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support. However, improvements were required in relation to the maintenance of the premises to ensure that it was safe and accessible for residents.

The premises comprised a two-storey detached house close to a busy town. Overall, the premises were bright, homely, comfortable, and nicely decorated. Residents told the inspector that they were happy with the premises and the facilities. Residents' bedrooms were decorated to their individual tastes and provided sufficient space. The communal areas included a large sitting room and an open plan kitchen and dining area.

Parts of the centre had been recently renovated, such as installation of handrails in the hallway. However, further maintenance was required to mitigate hazards. For example, the front driveway surface was uneven and handrails at the front of the house were required for residents at risk of falling to use. The rear exit also required

attention to ensure that residents could easily access the garden.

Residents generally had a good quality of life in centre. They were supported to engage in a wide range of social, leisure and occupational activities in accordance with their interests and preferences. There were sufficient resources to facilitate residents' chosen activities. For example, the staffing levels were sufficient and a vehicle was available for residents to access services and amenities outside the centre.

The person in charge had ensured that assessments of residents' needs were carried out, which informed the development of personal plans. The inspector reviewed a sample of residents' assessments and personal plans. The assessments were up to date, and the plans, including healthcare and behaviour support plans, were readily available to guide staff practice. The inspector found that staff were aware of the care plan interventions and were applying them accordingly.

There were a number of restrictive practices implemented in the centre. There were good arrangements to assess, monitor, and review the use of the practices. Residents had consented to the use of the practices affecting them which had also been approved for use by the provider's human rights committee. A minor improvement was required to ensure that the recording of one restriction (limitation on consumption of certain drinks) was clearer and easier to review.

Appropriate arrangements were in place to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse, and residents had also received education in this area. The inspector found that previous safeguarding concerns had been appropriately managed, and measures were put in place to protect residents from abuse.

However, there remained a residual risk to residents' wellbeing due to incompatibility issues between residents. The risk had reduced with the implementation of safeguarding plans and increased staffing levels. However, some residents were still unhappy at times living with other residents, and this matter required ongoing close monitoring by the provider to ensure that residents' wellbeing was upheld.

There were good fire safety precautions implemented in the centre. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the equipment. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part of fire drills carried out in the centre.

Regulation 13: General welfare and development

The registered provider had ensured that residents had sufficient access to facilities

for recreation and occupation, and opportunities to participate in activities in line with their interests, capacities, and wishes.

Staff told the inspector that residents had active lives, and participated in a wide range of activities. Some residents accessed their community independently and used public transport services. While others, required staff support to utilise community services. There was sufficient staff on duty to ensure that residents' wishes were facilitated, and there was a vehicle available for residents to access their community and beyond.

Residents planned their activities during residents' meetings, key worker meetings, and on a day-to-day basis. Residents enjoyed attending day services and community classes, eating out, shopping, going on day trips, meeting friends and family, bowling, and swimming. Some residents also worked in paid employment. Some residents enjoyed holidays, and were looking forward to an upcoming hotel break with staff. Within the centre, residents were encouraged to maintain life skills such as cooking and cleaning. Some also liked to spend time gardening, exercising, and relaxing by doing arts and crafts, playing games, and streaming movies and music.

Judgment: Compliant

Regulation 17: Premises

The premises were found to be appropriate to the number of the residents. However, improvements were required to the maintenance of the centre to ensure that hazards were mitigated for residents' safety and that they could freely access the garden.

The premises comprised a large two-storey house located close to a busy town with many amenities and service. The house was very clean, bright, comfortable, and nicely decorated. Residents' bedrooms were decorated in accordance with their personal tastes. The shared communal space, including a large sitting room, an open-plan kitchen and dining room, and bathrooms. There was also a staff sleepover room and offices. The outdoor space included a front driveway and a large garden (there was unused furniture in the garden that required removal).

Some upkeep of the premises had recently been carried out. For example, a handrail had been installed along the hallway. A wall on the landing had also been repainted. However, the paint was not the same colour as the rest of the wall, which presented an unusual aesthetic.

However, the provider had not ensured that all necessary alterations to the premises had been made to ensure that it was safe and fully accessible to all residents. The surface of the front driveway was uneven in places, which presented a trip hazard. Furthermore, handrails were required at the front of the house for residents with mobility issues and a high-risk of falls. The handrails were first recommended by a multidisciplinary professional in 2021, and reported to the provider's maintenance

department. The requirement for the handrails was also noted in the subsequent health and safety audits of the centre and unannounced visit reports.

The electric gates into the centre also required upgrading, which the provider had applied for funding for. Staff also told the inspector that the rear exit door leading to garden was challenging for residents with mobility issues to use independently. This issue had also been raised in the recent annual review.

Generally, the provider had ensured that specialised mobility equipment such as manual hoists and shower chairs was available to residents, and there were arrangements to ensure that the equipment was kept in good working order. However, additional equipment, such as an emergency lifting chair, had also recently been recommended for a resident to use, and had not yet been secured by the provider.

Judgment: Not compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide was written in an easy-to-read format. It contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre. It had been recently revised to ensure that all the information was accurate.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems in the centre. There was fire detection and fighting equipment, and emergency lights in the centre, and it was regularly serviced. Staff also completed daily, weekly, and monthly fire safety checks.

The fire panel was easily found in the hallway. It was addressable, but limited to three zones. The inspector tested the fire doors, including the kitchen and bedroom doors, by releasing them, and observed that they closed properly.

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 individual evacuation plan which outlined the supports they required in evacuating. Fire drills, including drills reflective of night-time scenarios) were carried out to test the effectiveness of the

evacuation plans.

Staff had completed fire safety training, and residents spoken with were aware to evacuate the centre in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans for staff to follow.

The inspector viewed a sample of residents' care plans, including those on positive behaviour support, communication, dietary needs, nutrition, mobility, safety, intimate care, and specific health conditions. The plans were up to date, readily available to guide staff practices, and noted residents' participation. The plans also reflected multidisciplinary team input as required. For example, speech and language therapy, occupational therapy, positive behaviour support, and other specialist health services.

Aspects of information in the plans had been prepared in easy-to-read formats to be more accessible for residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Arrangements were in place to support residents with behaviours of concern. Written behaviour support plans had been prepared as required and outlined strategies to support residents to manage their behaviours. Staff told the inspector that the plans were effective in reducing behaviours of concern in the centre.

There were several restrictive practices implemented in the centre including environmental and rights restrictions, such as locked doors, and access to certain drinks. There were arrangements to ensure that the restrictions were implemented in line with best practice.

The person in charge maintained a restrictive practice register, and had referred them to the provider's human rights committee for approval. Residents (and their representatives) had provided consent for the use of restrictions affecting them. Residents were also invited to attend the human rights committee meetings.

The person in charge demonstrated a commitment to minimising the use of the

restrictions in the centre. For example, recently restrictions on a resident's access to their own money, and travelling in the vehicle had been reviewed and subsequently removed.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse.

The provider had prepared a written safeguarding policy (the policy was very limited in detail, and was been reviewed by the provider). Safeguarding had also been discussed with residents at a recent meeting to aid their understanding of the topic.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with during the inspection were aware of the procedures for reporting safeguarding concerns.

The inspector found that safeguarding concerns in the centre had been appropriately reported, responded to, investigated, and managed. For example, the provider's social work department had recently visited the centre to provide support and guidance to residents following a concern.

Personal and intimate care plans had been developed to guide staff in supporting residents in a manner that respected their privacy and dignity.

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	
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 22: Insurance	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 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Parkview OSV-0001704

Inspection ID: MON-0034143

Date of inspection: 19/03/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will ensure that actions outlined in internal audits will be addressed in timely manner. Actions relate to premises works which will be outlined in Regulation 17. All premises works will be completed by December 2024 pending approval of business cases submitted to the funder.</p> <p>PIC completes monthly internal audits and monitors the progress of compliances with internal audits.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider will ensure that the premises works will be carried as follow:</p> <p>Garden Benches – These benches will be collected by maintenance department by 30th June 2024.</p> <p>Painting of the House – Capex Projects Form completed 26/4/24. Work added to the list of the capex projects. Painting to be completed by December 2024 pending approval of funding required from the provider’s primary funder.</p> <p>Uneven surface at the front of the driveway, ramp, handrails to the front of the house, new wider door / lip on the entrance – Environmental assessment completed by OT and physio on 9/4/24 to review recommendation that were made 3 years ago and ensure all</p>	

recommendations are up to date considering changing needs of the clients in the last 3 years. Up to date recommendations were provided in the report. Business case was submitted for the works required and submitted to the funder and added to the capex projects list. These works are estimated to be completed by 30th September 2024 pending funding approval.

Back Door – New door is required for the back door leading to the garden. This is currently at quotation stage. These works will be completed by 30th September 2024 pending funding approval.

Electric gate – Requirement for an embankment to be installed in front garden to act as a barrier that helps prevent debris accumulating near the electric gate. Business case was submitted for the works required and added to the capex projects list. This work plan is scheduled for completion by 30th September 2024. However the plan is dependent of approval of required funding. A meeting on funding is scheduled for week beginning 6th May 2024.

Emergency Lifting Chair – Business case submitted to the providers primary funder. As an interim measure there is hoist in place. Training for staff has been provided on how to use the hoist. Risk assessment and care plans in place to guide staff. Safety plan is in place in relation to falls management.

A meeting between the provider and funder to discuss business cases is scheduled for week beginning 6th May 2024.

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	01/12/2024
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and	Substantially Compliant	Yellow	01/12/2024

	inconvenience to residents.			
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Substantially Compliant	Yellow	01/12/2024
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	01/12/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate	Substantially Compliant	Yellow	01/12/2024

	to residents' needs, consistent and effectively monitored.			
--	--	--	--	--