



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:	03 January 2025
Centre ID:	OSV-0001691
Fieldwork ID:	MON-0045842

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 seven 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:	6
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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
Friday 3 January 2025	09:00hrs to 13:00hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This inspection was facilitated by the person in charge and operations manager for the duration of the inspection. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations.

Following inspections in January and April 2024 where governance deficits were identified and as part of the registration renewal, which was granted in September 2024, the designated centre's registration was renewed with three standard conditions of registration and a fourth non-standard condition requiring the provider to implement their governance and management improvement plan by a specific time frame.

Information provided as part of this inspection demonstrated the provider had implemented a large number of actions set out in the governance and management improvement plan, 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 had been achieved to improve the quality and safety of the service provided to residents, such as improved staffing and safeguarding of residents. This is discussed further in the main body of the report.

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 seven residents. On the day of the inspection six residents were living in the centre. The inspector met three residents throughout the duration of the inspection and also spoke with the Chief Executive Officer (CEO) during feedback at the end of the inspection.

The inspector carried out a walk around of both homes within the designated centre in the presence of the person in charge. Each 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 were of interest to them. The inspector observed that floor plans were clearly displayed alongside the centre's fire evacuation plan in each home. In addition, the person in charge ensured that the centre's certificate of registration, complaints policy and advocacy information was on display.

The person in charge and operations manager spoke about the high standard of care all residents received and had no concerns in relation to the wellbeing of any of the residents living in the centre. However, they did discuss one resident who was recently admitted to hospital due to a pre existing medical condition. As a result of this the resident's mobility needs had changed. The person in charge spoke to the inspector about future planning for this resident and the inspector saw evidence that

the provider's multidisciplinary team were actively involved with the resident's future care needs. For example, plans had already been made to relocate the resident to a bedroom on the ground floor, which would better meet their needs. In addition, an occupational assessment had been completed and recommendations made were in progress on the day of the inspection.

Furthermore, the provider had recently submitted an application to vary Condition 1 to increase the footprint of the designated centre and transition another resident as per their will and preference. This was identified as an action in the provider's original governance and management improvement plan submitted to the Office of the Chief Inspector in May 2024. The transition to a new home would improve the lived experience of both the resident relocating and the remaining residents in the centre and further mitigate safeguarding incidents from occurring. The inspector spent some time talking with this resident about the move. They told the inspector they were excited about the move and had seen pictures and videos of their new home as per their transition plan.

The inspector spoke to two other residents living in the home. One resident told the inspector they were looking forward to having a "quiet house". They also told the inspector they were happy living in the home and felt safe. They spoke about their plans for the day, which included taking a trip to visit a car show room with a staff member. They informed the inspector they were actively working on a goal of getting a job and hoped to find a job working in a local pub. One resident showed the inspector their bedroom and said they were proud of how clean and tidy it was. They had plans to move to a bigger bedroom once the other resident moved into their new home.

Warm interactions between the residents and staff members caring for them was observed throughout the duration of the inspection. On the day of the inspection the inspector observed residents to be relaxed and comfortable in the centre, staff engaged with them in a very kind and friendly manner, and it was clear that they had a good rapport.

From interacting with residents and observing them with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose.

The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Since the previous inspection in April 2024 the provider submitted a governance and management improvement plan, 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. The inspector 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 stable and consistent 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 by an Operations Manager who in turn reported to an Operations Director.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, the inspector 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.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2023, which included consultation with residents and their families and representatives. The inspector found that the provider had completed the majority of the actions outlined in their updated Governance and Management Plan, and that there was improved oversight and management of the centre.

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

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of each premises.

The person in charge maintained a planned and actual staff roster. The inspector reviewed planned and actual rosters for the months of December 2024 and January 2025 and found that regular staff were employed, meaning continuity of care was maintained for residents. In addition, all rosters reviewed accurately reflected the staffing arrangements in the designated centre, including the full names of staff on duty during both day and night shifts.

The inspector met and spoke with three members of staff, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to assure that a safe, high-quality service was being provided to residents and that national standards and guidance were being implemented.

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. For example, a new Operations Manager had commenced in their role in October 2024. This had been an action identified as part of the provider's Governance Management Plan in which new operational roles have been established to alleviate caseloads and to enhance the oversight and monitoring of services.

The inspector found that the provider had effective governance and oversight arrangements in place to ensure that residents' care and support was monitored. The inspector viewed the provider's annual review in addition to the last six-monthly unannounced visit, which had taken place in September 2024. In addition, a suite of audits were in place including monthly local audits. 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.

As previously mentioned, the provider submitted an updated Governance

Management Plan to the Office of the Chief Inspector in December 2024. This plan documented a total of 37 actions across seven areas which the provider had committed to undertake in order to improve the quality and safety of the service provided to residents. On the day of the inspection, the inspector saw evidence that a total of 26 actions had been completed with 11 actions in progress. Actions still in progress pertained to ongoing recruitment, roll out of positive behaviour training across the organisation and an induction programme for new board members.

The inspector observed that completed actions had a positive impact on the lived experience of residents and an overall improvement to the quality and safety of the service provided. For example, one resident recently transitioned to a nursing home to better meet their assessed needs, another planned transition for one resident was in progress and staff members in this designated centre had completed the Positive Behaviour Support (PBS) framework training.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider and person in charge understood that inappropriate admissions could negatively impact on all residents involved and there was a clear planned approach to admissions. For example, resident vacancies had not been filled at the time of this inspection. The person in charge and Operations Manager reported to the inspector that appropriate consultation and compatibility assessments would be completed prior to any future resident moving in.

All residents had a written contract with the provider, that clearly specified the terms on which they would live in the centre. The inspector reviewed two residents' contracts of care. Both contracts of care had been agreed to and signed by the resident or their representative.

Contracts of care were written in plain language, and their terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts as were the fees and additional charges or contributions that residents made to the running of the designated centre.

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 provider had measures in place to ensure that a safe and quality service was delivered to residents. 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 Governance Management Plan, to improve the quality and safety of the service provided to residents in the centre resulting in improvements under all regulations inspected.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. The inspector completed a walk around of each home within the designated centre and found the design and layout of each premises ensured that all residents could enjoy living in an accessible, comfortable and homely environment. The provider ensured that each premises, both internally and externally, was of sound construction and kept in good repair. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their taste and preferences.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal emergency evacuation plans (PEEPs) were reviewed regularly to ensure their specific support needs were met.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans, which outlined the associated supports and interventions residents required.

Regulation 17: Premises

The inspector found the atmosphere in each home to be warm and calm, and residents appeared to be very happy living in the centre and with the support they received. The inspector carried out a walk around of each home, which confirmed that the premises was laid out to meet the assessed needs of the residents.

Residents had their own bedroom, which was decorated to their individual style and preference. For example, residents' bedrooms included family photographs, pictures, soft furnishings and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions. Residents had access to facilities which were maintained in good working order. There was adequate private and

communal space for them as well as suitable storage facilities and each home within the designated centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment in each premises visited within the designated centre. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

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

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed two residents' personal emergency evacuation plans (PEEPs). Each plan detailed the supports residents required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

The inspector observed that all fire doors were thumb lock operated, which ensured prompt evacuation in the event of an emergency. In addition fire safety records reviewed by the inspector including fire drill details evidenced that regular fire drills were completed, and the provider demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents' files and saw that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on file relating

to the following:

- Health and wellbeing
- Intimate care
- Medication
- Money management
- Positive behaviour support
- Communication.

The inspector reviewed two residents' personal plans, which were in an accessible format and detailed goals and aspirations for 2024 and 2025 which were important and individual to each resident. Examples of goals set for 2024 and 2025 included the following:

- Take a flight abroad for holidays
- Hotel stay with family and friends
- Find a job
- Increase independence.

In addition, the provider had in place systems to track goal progress. For example, residents met with their key workers on a monthly basis. The inspector saw evidence that monthly key working meetings had taken place throughout 2024. In these meetings, residents reviewed their goal progress and discussed actions taken, status of the goal, any barriers identified and how they celebrated after achieving their goal.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant