



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

Issued by the Chief Inspector

Name of designated centre:	The Pines
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	06 November 2019
Centre ID:	OSV-0005885
Fieldwork ID:	MON-0026932

About the designated centre

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

This designated centre is a respite service which provides a residential service 24 hours a day over six days of the week. At a time, the respite service supports four adults male and/or female who are eighteen years and over and who have an Autism Spectrum condition. The designated centre is a two storey house in an estate just on the outskirts of a large town in Co. Kildare. There are four bedrooms in the house, a sitting room, a kitchen with breakfast room and a staff office. There are three bathrooms, one upstairs and two downstairs. There is a garden to the back of the house and transport is available to the respite residents during their stay. The person in charge works full-time in this centre and there is one senior social care worker, two social care workers and two support workers employed in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
06 November 2019	10:00hrs to 17:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

On the day of inspection there were two adults residing in the centre for a respite break. The inspector met with two of the residents in the afternoon after they returned from their days activity. The inspector also met with a potential respite resident during the morning who was visiting the centre in preparation for future overnight respite stays.

The residents were introduced to the inspector and stopped for a brief chat and where appropriate were supported by staff and management to engage with the inspector throughout the conversation. The residents advised they were enjoying their time in the centre.

The Inspector saw that the respite residents appeared relaxed in their surroundings and that they seemed comfortable and content in the company of staff members.

The inspector observed that there was an atmosphere of friendliness in the house and that staff were kind and respectful towards the residents through positive, mindful and caring interactions.

Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality service was provided to residents availing of the respite service. This was upheld through care and support that was person-centred and promoted an inclusive environment where overall, each of the residents' needs, wishes and intrinsic value were taken into account. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to.

Governance and management systems in place ensured respite residents received the delivery of a safe and quality service. The inspector found that there was a robust auditing system in place to evaluate and improve the provision of service and to achieve better outcomes for the residents. Provider six monthly unannounced visits were taking place alongside peer audits which were occurring every two months. The audits ensured that overall service delivery was safe, monitored effectively and that a good quality service was being provided to the respite residents.

The person in charge was familiar with the respite residents' needs and ensured that they were met in practice. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to

concerns or matters that arose. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the person participating in management, fostered a culture that promoted the individual and collective rights of the respite residents availing of this service.

The inspector reviewed the centre's actual and planned roster and saw that overall, there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. There was continuity of staffing so that attachments were not disrupted; many of the staff working in the centre had worked in it since it had opened and where relief staff were required the same staff member, who was familiar to the respite residents, was employed. On the day of the inspection there were two staff vacancies however, one had been filled with a plan in place for the staff member to commence their role in late November and the other vacancy was currently being addressed through the recruitment process.

The inspector found that the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high quality, safe and effective services for the residents.

One to one practice support meetings were taking place four times throughout the year alongside two performance management meetings to support staff perform their duties to the best of their ability. Staff who spoke with the inspector advised that they found these meetings to be beneficial to their practice.

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The inspector found that the person in charge ensured that the required notifications were submitted in the appropriate format and within the specified required time frames.

Overall, the registered provider had established and implemented effective systems to address and resolve issues raised by the respite residents or their representatives. However, improvements were required to fully ensure residents, families and visitors had access to information, including advocacy services, which would support and encourage them express any concerns they may have.

Regulation 15: Staffing

Overall, on the day of inspection there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. All Schedule 2 requirements were adhered to.

Staff who spoke with the inspector demonstrated good understanding of the residents' needs and endeavoured to ensure that they were met in practice.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported to develop professionally in an atmosphere of respect and encouragement.

Staff were appropriately trained to meet the care and support needs of residents. Regular refresher training and effective staff supervision and performance management meetings were also provided.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents made available when requested however, a small number of additions were required to bring the directory of residents in line with the requirements set out in Schedule 3.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance.

There was evidence to demonstrate that the person in charge was competent, with appropriate qualifications, skills and sufficient practice and management experience to oversee the respite residential service and meet its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 3: Statement of purpose

Overall, the statement of purpose contained the required information as per Schedule 1 and described the service provided in the designated centre. However, on the day of inspection the inspector found that some small updates were required to the document; for example the registration details, staff numbers and organisational structure chart required updating.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector found that there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Overall, the registered provider ensured that there was a complaints procedure in the centre. However, the inspector found that a copy of the complaints procedure was not displayed in a communal position in the designated centre. Furthermore, improvements were required to the documentation that was used for relaying the complaints procedure to residents.

Judgment: Substantially compliant

Quality and safety

The inspector found that the respite residents well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The centre was well run and provided a pleasant environment for the residents during their respite break. The person in charge and staff were aware of the residents' needs and knowledgeable in the care practices to meet those needs. Care provided to residents was of good quality. All improvements required from the centre's site visit in February 2019 has been completed.

The inspector viewed a sample of respite residents' personal plans. The personal

plans reflected the residents' overall assessed needs and outlined residents' individual needs, wishes and choices. The inspector found that the residents' personal plans demonstrated that the residents were facilitated to exercise choice across a range of activities and to have their choices and decisions respected through-out their respite stay. The inspector found that improvements were required to ensure maximum involvement and consultation of respite residents (and where appropriate their representatives) with their personal plans. However, on the day of inspection the inspector was shown new documentation, due to be implemented, to better ensure involvement and consultation of respite residents regarding their plans.

Respite residents were supported to participate in activities that promoted community inclusion such as nature walks in the local area, going to the cinema and shopping. Residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. The inspector reviewed daily reports which evidenced respite residents being offered choices at meals times and of different daily and evening activities. Where appropriate residents were involved in the running of the house through meaningful household roles and tasks which in turn promoted their independence; residents went grocery shopping with staff for household items and for food for their chosen meals.

Overall, staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. All staff had been provided with the mandatory safeguarding training. The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. Overall, the inspector found that the residents were protected by practices that promoted their safety, however, the inspector found that on one occasion following an incident, not all associated documentation was completed.

The physical environment of the house was clean and in good decorative and structural repair. The design and layout of the premises ensured that each resident could enjoy their respite visit in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure through-out their stay. However, a few small improvements were required to ensure the centre was in line with all of the Schedule 6 requirements.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were satisfactory systems in place for the prevention and detection of fire. The cognitive understanding residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and for the most part arrangements were in place for ensuring residents were aware of the procedure to follow. However, improvements were required to the centres' fire drills to ensure they included all possible scenarios. Furthermore, there were improvements required to the fire exit door in the kitchen and dining area to ensure it was fit for purpose.

Overall, residents' rights were met and residents privacy and dignity was respected. Respite residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. The residents were supported and empowered to know their rights and in a way that was meaningful to them and encouraged their participation. There was a mural of a colourful large tree on the kitchen wall with accessible information regarding peoples' rights. The person in charge informed the inspector that every two months a new right was discussed with the respite residents and the tree was then updated with the learnings and outcomes of the discussion.

Regulation 12: Personal possessions

Residents retained access to and control over their own belongings and where possible and where necessary, residents were provided with support to manage their finances during their respite stay.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the of the premises ensured that each respite resident could enjoy staying in an accessible, safe, comfortable and homely environment. The physical environment of the house was clean and in good structure repair. Improvements that were required on the site visit report had been completed.

However, on the day of inspection the inspector found that some small improvements were warranted; for example not all bedrooms provided adequate storage space, there was an unused emergency cord in one of the bedrooms and the lawn in the back garden required some maintenance.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Overall, the registered provider ensured the delivery of safe care whilst balancing the right of residents to take appropriate risk and fulfilling the centre's requirement to be responsive to risk. Furthermore, the risk management policy in place included all the required information as per the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, there was suitable fire equipment provided and serviced when required. All staff were provided with fire safety training. However, on the day of inspection improvements were required to ensure that one of the fire exit doors could be accessed at all times. Furthermore, improvements were required to the fire drills taking place to ensure that they covered all potential scenarios. For example a fire drill that included minimum staff and maximum residents had not taken place.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each respite resident had a personal plan which contained an assessment of need which had been carried out for each individual availing of the respite service to date. The inspector saw that there were some gaps in the documentation but care was delivered to a good standard and the gaps did not result in a medium to high risk to residents.

The inspector found that some improvements were required to the personal planning consultation process.

The inspector found that not all personal plans sampled were in an accessible format which could be easily understood by the resident.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge had ensured that all staff received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

However, improvements were required to ensure that all associated documentation was completed following an incident.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Overall, the inspector found that service planning and delivery was cognisant of residents' rights. Respite residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. However, improvements were required to ensure advocacy information was made available in a prominent place for residents, families and visitors.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Pines OSV-0005885

Inspection ID: MON-0026932

Date of inspection: 06/11/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"> • Update the Directory of residents to include the contact details for residents GP and any HSE executive whose duty it is to supervise the welfare of resident. 	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: <ul style="list-style-type: none"> • Update the Statement of Purpose in relation to the following: Registration details, Staffing numbers, Organisational chart. 	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: <ul style="list-style-type: none"> • Ensure access to complaints procedure on service user notice board • Make improvements to the documents used to relay the complaints procedure to 	

<p>residents and ensure staff complete all sections of same during key-working sessions.</p> <ul style="list-style-type: none"> • Re-do communication of complaints procedure with specific service user. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Wardrobe purchased and in place on 27-11-19 • Emergency cord removed- 11-11-19 • Lawn in back garden to be cut at first opportunity that weather allows 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Thumblock place on back-door fire exit – completed 11-11-19. • Fire Drills to cover all potential scenario’s to be completed with each of 10 groups on their next scheduled visit. Anticipated completion for all exiting groups by 13-1-19. • Fire Drills to cover all potential scenario’s to be completed with all new service users on their first three night stay in the service. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Service user consultation form to be revised to include feedback on visit and planning for next visit – to be in place 9-12-19 • Personal plans to be more accessible for all residents – to be reviewed by operational team 3-12-19 • Implement personal care plans for resident’s that need support with intimate care- 3- 	

12-19.

- Plan dates for Future Planning meetings for all service users which will include review of personal plan (to take place within 1 year of resident accessing service and yearly thereafter).

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- Review Incident Reporting process and follow-up with all of staff team at next meeting 15-11-19
- Team Leader to ensure same is completed for each I.R.
- Review specific resident PISP, Restrictive practice documentation and risk assessment 18-11-19

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Advocacy poster to include AI advocacy officers to be designed and implemented

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(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	20/12/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	01/01/2020
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	11/11/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Not Compliant	Orange	13/01/2019

	followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	01/01/2020
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	01/01/2020
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	01/01/2020
Regulation 34(2)(c)	The registered provider shall ensure that complainants are assisted to understand the complaints procedure.	Substantially Compliant	Yellow	13/01/2020
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the	Substantially Compliant	Yellow	03/12/2019

	designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/01/2019
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	29/02/2020
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Substantially Compliant	Yellow	01/12/2020

	annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/01/2020
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Substantially Compliant	Yellow	01/01/2020
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	09/12/2019