

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Pinewood Lodge
Centre ID:	OSV-0005551
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Dundas Ltd
Provider Nominee:	Jenny Walton
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	6

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 April 2017 10:30 To: 05 April 2017 16:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was conducted in a new, unoccupied centre operated by Dundas Ltd to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector met with the person in charge and the person participating in management. The inspector reviewed documentation such as personal plan templates, accident logs, policies and procedures.

Description of the service

The centre is proposed to be a community centre offering residential support to people with an intellectual disability. The provider had produced a document called the statement of purpose, as required by regulation, which described the service they intended to provide. The centre was a spacious detached house in a rural setting, but within proximity to the local village. The provider proposed to offer residential support to six residents.

Overall findings:

Overall, the inspector found that adequate preparations were in place to open the service. The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met.

Good practice was identified in areas such as:

- the provision of a meaningful day (Outcome 5)
- the development of personal plans (Outcome 5)
- governance and management systems (Outcome 14)

The reasons for these findings are explained under each outcome in the report.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Arrangements had been made to consult with residents and to ensure an effective complaints procedure.

There was a clear complaints procedure in place, an accessible version of this was available and was displayed in the centre. Other information had been prepared in an accessible version including an easy read residents' guide, information on members of the multi-disciplinary team and advocacy information. Named advocates had been identified for any resident who required this input.

A rights review committee is in place within the organisation. This committee meets monthly on any referrals, and oversees and advises on any use of restrictive practices. The committee accepts self referrals and referrals from residents' advocates as well as referrals from staff.

A system of recording residents' possessions in an inventory had been developed and was ready to use, and there was a policy on personal property and possessions.

A system in place in other centres operated by the organisation whereby residents are offered a weekly meeting at which to discuss issues relating to the daily running of the centre is to be offered to any residents of this centre.

The centre was in the process of installing locks on residents' doors to facilitate the locking of personal spaces if preferred.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was an admissions policy in place which included detailed guidance, including guidance on the assessment of the impact of any admissions on current residents, and guidelines for the completions of assessments.

There was a contract of care template available, and this was also available in an easy read version to assist understanding, using plain English or pictures and symbols.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Arrangements had been made to develop a personal plan for each resident, including an assessment on which to ensure a meaningful day for residents.

While no residents had yet been identified, a person centred planning and care planning template was in place which was in use in other centres of the organisation. This template included an assessment tool for the referral system, and a detailed assessment on which to base the personal plan.

The person in charge gave assurances that person centred plans would be in place within the required 28 days following admission, and outlined the organisation's policy of having a care plan in place within 72 hours of admission.

Various members of the multi-disciplinary team were available to engage in the assessment process, including for example behaviour support and mental health professionals. It is intended that a key worker will be allocated to each resident from the early stages of the admission process who will develop the assessments and goals for residents in conjunction with the residents, their families and supports from any previous services.

The person in charge outlined the plans to ensure that the normal routines and activities of any future residents would be supported and facilitated, and that further opportunities would be explored. For example day service options would be explored, and community links would be forged in accordance with the wishes of the residents.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The designated centre was a large detached two storey house with spacious grounds in a rural setting but in close proximity to the nearest small town.

There are six bedrooms for residents, one of which has an en suite bathroom, two further bathrooms and a wc. Each of the rooms has sufficient space for living and storage. There are various communal living areas including two living rooms, a kitchen/dining room and a spacious sunroom. The house is tastefully decorated and furnished, with scope for residents to personalise as they choose.

<p>Judgment: Compliant</p>

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Arrangements were in place to manage risk and to manage fire safety.

A risk register had been developed in which all currently identified risks were recorded and risk rated. Environmental risks were included such as transport or the risk of a resident going missing. There was a risk management policy in place which included all the information required by the regulations. A risk management health and safety committee was already in place at which any significant incidents or near misses would be reviewed. All incidents will be reviewed by the person in charge and another member of the multi-disciplinary team

Fire equipment including extinguishers, emergency lighting and an alarm system were in place and had been certified. A system of weekly and daily checks was in place, and a schedule of fire drills, including night time drills had been developed. Although no residents had yet been identified, the person in charge had simulated a fire drill in the house. The person in charge gave assurances that personal evacuation plans would be completed by the day of admission of residents.

The centre was visibly clean, and there was a cleaning schedule and a food handling protocol in place. There was a flat mop system and appropriate storage of cleaning materials, including a spill kit.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach

to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Arrangements had been made in relation to safeguarding of residents and the provision of behaviour support.

The person in charge was knowledgeable about their role in the safeguarding of vulnerable adults. There was a policy in place to guide staff which referenced all recent national policy, and the person in charge gave assurances that all staff would receive training in the protection of vulnerable adults.

There was a behaviour support team available to any residents who require support in this area. A behaviour support manager was in post who will offer training and mentorship to staff. The person in charge outlined an emphasis on positive behaviour support and functional analysis of behaviours of concern.

No restrictive interventions were yet envisaged, but there was a policy in place to guide practice in this area if required, and structures and processes were already in place within the organisation for the monitoring and review of any restrictions.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was evidence to indicate that residents' healthcare needs would be adequately assessed and regularly reviewed with appropriate input from multi-disciplinary practitioners where and when required.

There was a general practitioner (GP) immediately available and an out of hours GP

service had been identified. Residents would be supported to find a GP of their preference if they chose. The person in charge informed the inspector that the centre had access to a range of multi-disciplinary supports such as mental health, behaviour support and community nursing if and when required.

A detailed healthcare plan template was available, and was already in use in other centres of the organisation.

The inspector was assured that the proposed practices would meet residents' nutritional needs to an appropriate standard. The person in charge also discussed how healthy eating and choice would be facilitated by nursing support and access to a dietician and speech and language therapy if required. Residents would be involved in planning the weekly menus.

A nutrition management policy was in place to guide staff on the monitoring and documentation of nutritional intake.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The proposed medication management policies and procedures for the centre were found to be safe and in line with the regulations.

The centre had a medication management policy in place, including guidance on the management of medication errors. There were a detailed template for protocols to guide the decision making in regard to 'as required' (P.R.N.) medications, and a mock prescription sheet and administration recording sheet were available.

While staff had not yet been identified to work in the centre, all staff in the organisation received training in the safe administration of medications which included five competency assessments.

Safe storage facilities were provided in the centre. Residents' medication would be stored in a locked trolley, fastened to the wall in a designated room which could only be accessed by staff using a key.

The person in charge outlined the plan to conduct regular audits of medication management, and an audit tool had been developed for this purpose.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

A statement of purpose had been prepared to include the aims and objectives of the centre and a description of the facilities and services which were to be provided to residents, and which included all the information required by the regulations.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found evidence that the quality and safety of care and support of residents living in the centre would be monitored on an ongoing basis. Effective management systems would be in place to support and promote the delivery of safe,

quality care services.

The person in charge outlined the auditing system he intended to introduce in this new centre. Audit tools had been developed to facilitate audits in various areas including medication management, personal planning, health and safety, fire safety and protection of vulnerable adults. A schedule of audits had been developed, and there was a robust software system in place to ensure the monitoring of any required actions.

Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was to be managed by a suitably skilled and experienced person in charge. He was knowledgeable about the requirements of the regulations and Standards. He outlined plans for the supervision and performance development of staff. He also outlined a system of staff and management meetings which would be held, and which were already in place in other centres of the organisation. He already attended regular management meetings, and intended to introduce staff meetings, for which a sample agenda had been prepared.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was evidence that sufficient resources were available ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

The centre was furnished and maintained to a very good standard and was ready for occupation including furnishings and equipment. The person in charge gave assurances that the staffing levels would be in accordance with the needs of residents, and that there would be a vehicle for the sole use of the house.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Management systems for the centre indicated that staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The person in charge outlined plans to ensure that staffing levels would be arranged to meet the needs of residents. All staff of the organisation received mandatory training prior to commencement in a centre, including personal planning, fire safety, protection of vulnerable adults and positive behaviour support prior to the commencement of a nine month probation.

The person in charge outlined plans to offer existing staff of the organisation a move to this new centre, together with the recruitment of additional staff.

Staff supervision was planned in accordance with the current practice of the organisation whereby there would be individual supervision meetings every six weeks, and performance conversations annually with a six monthly review.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme: Use of Information
Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.
Findings: All policies required under schedule 5 of the regulations were in place and had been reviewed as required. There was a template available in which to record the information required in the directory of residents. A statement of purpose and a residents' guide had been prepared which outlined the services which would be provided to residents.
Judgment: Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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