



Office of the Chief Inspector

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

Name of designated centre:	Acorn Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	14 February 2019
Centre ID:	OSV-0003914
Fieldwork ID:	MON-0026456

About the designated centre

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

Acorn residential services is located on the outskirts of a medium sized town and provides a residential service to eight adult residents who have an intellectual disability. Residents at the centre require different levels of support dependent on their assessed needs with some requiring support due to additional mental health needs. The centre comprises of two houses, with each resident having their own bedroom. One of the bedrooms at the centre is adapted to meet the needs of residents with reduced mobility. The centre also has an adequate amount of bathrooms and some bedrooms have en suite facilities. A social care model is delivered in the centre and a combination of social care workers and social care assistants support residents during day and night time hours.

The following information outlines some additional data on this centre.

Current registration end date:	15/11/2021
Number of residents on the date of inspection:	8

How we inspect

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
14 February 2019	09:00hrs to 13:30hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with two residents on the morning of inspection. Both residents appeared happy and relaxed and one resident was able to voice their satisfaction with the service. This resident stated that they were happy in their home and that staff were nice. The other resident was non-verbal, but they appeared relaxed and were comfortable in the presence of staff and the other resident.

Capacity and capability

There had been a number of notifications submitted by the provider in regards to safeguarding concerns. Additional unsolicited information was also received which indicated that the safeguarding of residents was not actively promoted in the centre and this inspection was conducted following a review of all available information.

There had been a number of safeguarding concerns prior to this inspection and all information which was submitted indicated that the provider was taking these issues seriously and safeguarding measures had been implemented. Furthermore, prior to the day of inspection there had been an increase in incidents of behaviours of concern which had resulted in the provider implementing additional safeguarding measures to support residents. The inspector found that additional measures introduced at the centre had, had a positive effect and fully addressed the safeguarding concern on the day of inspection. The person in charge and the centre's designated safeguarding officer had also convened a meeting to review all safeguarding plans at the centre to assess their effectiveness, which was scheduled to occur subsequent to the inspection. The inspector found that the person in charge and persons participating in the management of the centre had good oversight of safeguarding concerns at the centre, with the provider's review and monitoring arrangements ensuring that residents were protected from harm.

During the period of increased safeguarding concerns at the centre, the provider had ensured that residents' representatives were kept updated and consulted with on any changes to the care and support provided to residents, with further meetings being scheduled for the day of inspection. Furthermore, the person in charge had ensured that the Chief Inspector had been notified of safeguarding concerns affecting residents at the centre in-line with the regulations.

A review of the provider's complaint management arrangements showed that although a number of complaints had been received about the care and support provided, they were addressed to the satisfaction of the complainant. There was

one open complaint on the day of the inspection, and records showed that the complainant was kept up-to-date on the progress of their complaint in-line with the provider's policy.

Overall, the inspector found that although safeguarding concerns had arisen at the centre, the provider had taken an effective approach to their management actively engaging with all stakeholders to ensure that residents were safeguarded from harm at all times.

Regulation 15: Staffing

Staffing arrangements at the centre reflected safeguarding plans in place on the day of inspection and ensured that residents were protected from harm.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place which assisted in the identification and response to safeguarding concerns. The inspector found that the provider had good oversight of the centre which included ongoing review of incidents and robust six monthly audits of care practices.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that all notifications had been submitted to the chief inspector as required under the regulations .

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints process in place and both residents and their representatives were supported to raise any concerns they had about the care and

support provided at the centre. Where complaints had been received, the provider had ensured they were recorded and investigated in-line with their policy, and resolved to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider had systems in place to ensure that the quality and safety of care which was provided to residents was maintained to a good standard.

There were two safeguarding plans in place on the day of inspection and both staff members and management of the centre had a good understanding of these plans and of the measures which were implemented to ensure that residents were protected from harm. The inspector found that additional measures were also implemented by the provider in the days prior to the inspection in response to an escalation of behaviours of concern, which had also promoted the safeguarding of residents and ensured that their safety was promoted at all times.

The person in charge had good oversight of risks in the centre and all issues which had a direct impact on the provision of care and the safety of residents had a comprehensive risk assessment in place. The centre's senior management were also directly involved in risk management at the centre and worked in collaboration with the person in charge to ensure that the safety of residents was promoted at all times. A comprehensive risk assessment was also finalised on the day of inspection which accounted for the measures and actions which were implemented at a local and provider level to ensure that residents were safeguarded. The inspector found that the provider's risk management procedures ensured that the safety of residents was maintained to a good standard.

There was guidance in place which assisted in supporting residents with behaviours of concern. The inspector found that this information was reviewed on a regular basis by behavioural support specialists in conjunction with the centre's staff team to ensure that consistency of care was provided at all times to residents. Where restrictive practices had been recommended in support of residents' assessed needs, the provider ensured that they had a comprehensive risk assessment in place to guide staff in their use. Furthermore, restrictive practices recommended to support residents were subject to regular reviews into their effectiveness and continued use by management of the centre.

Regulation 26: Risk management procedures

There was good oversight of risks in the centre which promoted the safety of residents. All identified risks had a management plan in place which was kept under regular review by the person in charge.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was comprehensive guidance to support the delivery of care for residents who required support with their behaviours. There was also good oversight of the use of restrictive practices to ensure that the rights and safety of residents was promoted at all times.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge actively ensured that safeguarding arrangements in place at the centre were effective and protected residents from harm. In addition, staff had a good understanding of safeguarding plans implemented to support residents and the rationale for their requirement.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant