

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Pinewood Lodge
<b>Centre ID:</b>	OSV-0005551
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Dundas Ltd
<b>Lead inspector:</b>	Andrew Mooney
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	3

## **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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 23 January 2018 10:30 To: 23 January 2018 18:30

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 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was an unannounced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was the second inspection of this designated centre.

How we gathered our evidence:

As part of the inspection, the inspector met with residents and spoke to staff, the team lead, a community nurse and the person in charge . The inspector reviewed documentation such as personal plan templates, accident logs, policies and procedures.

Description of the service

The centre is a community centre operated by Dundas Ltd offering residential support to people with an intellectual disability. The provider had produced a document called the statement of purpose, as required by regulations, which described the service they provided. The centre was a spacious detached house in a rural setting, but within proximity to the local village.

Overall findings:

Overall, the inspector found evidence of good practice within the service. The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met and residents were receiving good quality care.

Good practice was identified in areas such as:

- Social Care Needs
- Medication Management
- Governance and Management

The following areas required improvements:

- Safeguarding and Safety Management

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):**

No actions were required from the previous inspection.

**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 review of the complaints log, confirmed complaints were addressed promptly, appropriately and the satisfaction levels of the complainants' were recorded.

A system of recording residents' possessions in an inventory was in use, a sample of these inventories were reviewed by the inspector and were found to be adequate. There was also a policy on personal property and possessions within the Centre.

Residents' participated in weekly meeting's to discuss issues relating to the daily running of the centre, including activity planning and menus.

**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):**

No actions were required from the previous inspection.

**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 in place for each resident, and this was also available in an easy read version to assist understanding, using plain English and pictures and symbols.

There were three vacancies on the day of inspection. The Person in Charge highlighted how any new referrals would be managed strictly in accordance with the admissions policy. This would include, assessing new referrals for compatibility with current residents, consulting current residents and ensuring that a structured transition plan was devised for any newly identified admissions.

**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):**

No actions were required from the previous inspection.

**Findings:**

The provider had developed and implemented a systematic approach to the assessment of residents' needs. As a result, the health and social care needs of residents were

adequately assessed and supports were in place to meet those needs.

Each resident had a comprehensive assessment of their health and social care needs. If a need was identified, there was a plan in place to identify the supports residents required. On the day of inspection staff were familiar with the supports that residents required.

Personal plans detailed the individual needs and choices of each resident. Personal plans were made available in an accessible format and were fully implemented.

Residents had access to a range of allied health professionals, including occupational therapists, speech and language, psychology, psychiatry and nursing . If an assessment was required, this occurred within a timely manner and recommendations arising from that assessment were incorporated into the personal plan and implemented. An example of this in practice included, staff making an occupational therapist referral. The subsequent occupational therapist assessment prescribed adaptive equipment for residents. This equipment was then procured by the Provider for the resident in a timely manner.

Family members were informed and consulted regarding the care and support provided to their loved ones in line with residents wishes.

Discharges from the centre were discussed, planned and took place in a safe manner.

**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):**

No actions were required from the previous inspection.

**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 were six bedrooms for residents, one of which had an en suite bathroom, with two further bathrooms and a wc available. Each of the bedrooms had sufficient space for living and storage, and residents personalised their bedrooms as they wished.

There was adequate communal living areas, including two living rooms, a kitchen/dining room and a spacious sunroom. The house was tastefully decorated and furnished. The Centre was warm, well ventilated and homely.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

The health and safety of residents, visitors and staff was promoted and protected. However, some improvements in how fire drills were recorded was required.

The centre had policies and procedures in place for risk management and emergency planning. There was an up to date location specific Health and Safety statement in place.

There were systems in place to identify location based risks and individual risks for residents'. These risks were assessed by the Person in Charge and appropriate control measures were identified to alleviate the risk. Incidents were documented and reviewed regularly by the Person in Charge. Serious incidents were discussed at multi-disciplinary meetings and learning from these incidents was shared through team meetings. The inspector viewed good examples of this, including an incident being reviewed by the Person In Charge, leading to Psychology devising a individualised guideline being developed to support a resident. Staff spoken with, were knowledgeable about this guideline and its implementation.

There were fire detection and alarm systems in place, emergency lighting and fire fighting equipment. These systems and equipment were checked and serviced periodically by a professional and records were maintained. There were clearly defined exit points, and there were appropriate checks of escape routes and alarm systems. There was a written personal evacuation plan for each resident.

Fire drills were scheduled four times a year and they included night time drills. However, clear records of fire drills undertaken since the admission of residents were not available on the day of inspection. This was discussed with he Person in Charge during the inspection.



All staff within the centre received appropriate fire safety training and knew what to do in the event of a fire.

The centre was visibly clean and hand hygiene facilities were available.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The Provider had ensured that there were measures in place to protect and safeguard residents.

The Person in Charge was knowledgeable about their role in the safeguarding of vulnerable adults. There was a policy in place to guide staff and all staff received training in the protection of vulnerable adults. Staff met with, understood their responsibilities under the policy and the reporting structures for escalating safeguarding concerns.

There was an emphasis on positive behaviour support within the centre. Staff were guided in their practice by support plans devised in conjunction with the Psychology department. Staff met with were familiar with the plans and how to implement them.

There was a policy in place to guide practice in the area of restrictive practice. Structures and processes were in place within the organisation for the monitoring and reviewing 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):**

No actions were required from the previous inspection.

**Findings:**

Residents' healthcare needs were adequately assessed and regularly reviewed with appropriate input from multi-disciplinary practitioners where required.

There was a general practitioner (GP) available to residents and an out of hours GP service had been identified. Residents were being supported to find a local GP of their preference. 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 was completed for each resident. A sample of these healthcare plans indicated good links with multi-disciplinary supports were required. These included Speech and Language assessments, Occupational Therapy assessments and regular Psychiatry reviews.

Residents' nutritional needs were being met . The person in charge also discussed how healthy eating and choice was facilitated by nursing support and access to a dietician and speech and language therapy if required. Residents were involved in planning the weekly menus.

A nutrition management policy was in place to guide staff on the monitoring and documentation of nutritional intake. The inspector viewed documentation in relation to this policy and seen the positive effect it had within the centre. Staff had become concerned about a resident and they linked with community nurse, who in turn liaised with a dietician. As a result appropriate steps were taken to support the resident and allay staff concerns.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were structures and processes in place in relation to the safe management of medications.

There was good systems in place for the receipt, storage and return of medication.

Where medication errors occurred, they were documented, reviewed and any learning from the error was taken back to staff team meetings.

All staff had received training in the safe administration of medications and medication audits were completed regularly.

There was a policy in place in relation to medication management.

**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):**

No actions were required from the previous inspection.

**Findings:**

This inspection found that there was a clear management structure in place which identified the lines of authority and accountability in the centre. There was a full-time Person in Charge in place who was a suitably skilled, qualified and experienced manager.

Staff meetings were held every two months and minutes were kept of these meetings. A sample of agreed actions from the meeting was reviewed by the inspector and these had been implemented.

A supervision process was in place to formally support staff.

Audits had been conducted in the management of medication, infection control, health and safety and monthly fire register.

The Person in Charge was suitably qualified, skilled and experienced. He was knowledgeable regarding the requirements of the regulations. The Person in Charge outlined that he meets the Provider weekly. He was clear about his roles and responsibilities and provided evidence of continuing professional development.

**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):**

No actions were required from the previous inspection.

**Findings:**

The number and skill mix of staff was appropriate to the assessed needs of the residents.

There was a planned and actual roster onsite. Shift patterns within the centre had changed to support the needs of residents, these changes were mostly recorded on the roster. However, some shifts recorded on the roster were not reflective of the actual arrangements within the centre. This was rectified by the Person in Charge during the inspection. Additionally, some minor changes were required to reflect the whole time equivalent staff required within the centre. This was addressed post inspection

Records were maintained of staff training. These records showed that there was on-going training in a range of areas such as first aid, medication management, behaviours that challenge and food safety. Staff members told the inspector that relevant training which they wished to pursue was provided to them.

There were regular meetings with staff with regard to the management of the centre. Minutes of these meetings outline operational developments and learning from incidents.

No volunteers were attending the centre at the time of inspection.

<b>Judgment:</b> 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:***

Andrew Mooney  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Dundas Ltd
<b>Centre ID:</b>	OSV-0005551
<b>Date of Inspection:</b>	23 January 2018
<b>Date of response:</b>	15 February 2018

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

A record of fire drills being completed at suitable intervals was not available during the inspection.

**1. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**

A fire drill was carried out with residents and staff in the house on the 23rd of January 2018 and a schedule for regular intervals has been put in place

**Proposed Timescale:** 23/01/2018