



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

Issued by the Chief Inspector

Name of designated centre:	Pinegrove
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	01 October 2020
Centre ID:	OSV-0002605
Fieldwork ID:	MON-0029745

About the designated centre

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

Pinegrove is a centre run by the Health Service Executive and is located on a campus setting a few kilometres from a town in Co. Sligo. The centre provides residential care for up to ten male and female residents, who are over the age of 18 years and have a moderate to profound intellectual disability. The centre comprises of single and shared bedroom accommodation, shared bathrooms and communal areas and access to a garden area. Staff are on duty both day and night to support the residents who live there.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Thursday 1 October 2020	09:30hrs to 14:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector met with two residents for a short period of time on the day of inspection. Both residents were unable to communicate verbally, but they both appeared relaxed and content while engaging with staff and the inspector. The centre is part of a congregated setting and reception rooms were bright spacious and efforts had been made to make the centre as homely as possible. The provider had plans to de-congregate this centre and some residents were identified to move within the coming months.

During the COVID-19 emergency, residents were 'cocooning' and a review of residents' personal plans indicated that they were supported to engage in activities which they enjoyed such as art, gardening, walks and drives to local areas of interest. On the day of inspection a staff member detailed how they were planned to go shopping with a resident to a large drapery store as the resident needed some new clothes. They spoke about how the resident enjoyed shopping and how they liked getting out into the community again.

A nurse also met with the inspector and spoke confidently about resident's care needs and they could clearly detail each resident's specific care requirements including supporting residents with their medical and social needs. This staff member also had a good understanding of the increased infection control arrangements and they also spoke about how a safety pause was used each day to ensure that infection control procedures within the centre were actively promoted.

Capacity and capability

Overall, the inspector found that the governance arrangements which were implemented ensured that the quality and safety of care was maintained to a good standard.

The person in charge facilitated the inspection and they were found to have a good understanding of the centre and of the services which were in place to meet the resident's individual needs. A staff member who met with the inspector also stated that the person in charge ensured that staff were kept up-to-date with regular updates in regards to infection control procedures and the actions which would be undertaken if the centre had an outbreak of COVID-19.

The provider had robust contingency and preparedness planning in place in regards to COVID-19. Plans were in place in regards to isolating residents, should it be required and staff members had undertaken additional training in regards to hand hygiene, infection control and the use of personal protective equipment (PPE). The

staff members also completed a daily safety pause which provided an opportunity to reflect on the arrangements which promoted the safety of residents and staff members. Although these measures were positive in terms of safety some measures within the safety pause were not fully implemented, for example staff members were required to wear surgical scrubs when on duty, but only one staff member in the centre was observed to adhere to this guidance. Furthermore, two staff members from another designated centre were observed to walk freely through the centre, also without adhering to the uniform guidance.

The provider had completed the centre's annual review following consultation with residents and their representatives and the unannounced six monthly audits had also been completed as required. There was also regular internal audits in areas such as medications, health and safety and the quality of meal times for residents. Overall, the inspector found that these measures assisted in improving many areas of the service, but improvements were required to ensure that areas such as the uniform policy and safety pause were fully implemented.

Regulation 15: Staffing

The person maintained an accurate rota which indicated that residents were supported by staff members who were familiar to them.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with their training needs and additional training in hand hygiene, safe use of PPE and infection control was provided to all staff.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured that overall, residents received a good quality service. However, additional management systems were required to ensure that the centre's safety pause and uniform guidelines were implemented at all times.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which clearly outlined the care needs which the centre support and the services which would be implemented to support those needs.

Judgment: Compliant

Quality and safety

Residents had personal plans in place which were found to be comprehensive and assisted staff in the delivery of care. Additional, revised person centred planning was also implemented during the COVID-19 emergency to ensure that residents remained engaged in activities which they enjoyed. Residents participated in art, gardening and were assisted to use technology to maintain contact with their families. A nice example of individualised care was observed in for a resident who used to enjoy attending local seaweed baths prior to the national emergency. Staff members resourced seaweed which could be purchased and the resident continued to enjoy their seaweed baths in the designated centre. Overall the inspector found that the arrangements which were in place to support residents with their chosen goals was positive in nature and assisted in ensuring that residents had a good quality of life.

The provider had a system in place for identifying, recording and responding to adverse events. The person in charge had a good knowledge of this system and all recorded incidents had been addressed by management of the centre and trended for ongoing issues at a monthly review meeting. The provider also had risk management procedures in place which assisted promoting residents' safety. Individual risk assessments were implemented in response to issues which had a direct impact on residents such as falls and medical conditions. The provider also had detailed risk assessments on issues which may impact on the provision of care such as COVID-19. Some amendments were made to this assessment, by the person in charge on the day of inspection, to reflect the robust contingency and preparedness planning which was found on inspection. Although, the preparedness planning was an example of how the provider ensured the residents were safe, overall some additional action was required by the provider to ensure that all elements of the centre's safety pause were effectively implemented such as adherence to the centre's uniform guidelines.

Residents were also supported to maintain a good level of health with evidence of regular review with general practitioners, allied health professionals and medical specialists evident in person centred plans which were reviewed. There was also detailed healthcare plans in place which were reviewed on a regular basis and assisted in ensuring that residents received a consistent approach to care. Some

residents required the use of emergency medications in response to a specific healthcare need and individual medication plans were in place to guide staff with administration. On the day of inspection, there were some inconsistencies found in these plans, but staff who were on duty consulted with a general practitioner and these plans were corrected prior to the conclusion of the inspection.

Overall, the inspector found that residents were happy in the centre and they appeared to enjoy the company of staff who were supporting them on the day of inspection.

Regulation 11: Visits

The centre had revised visiting arrangements in place which promoted the safety of residents and assisted in ensuring that residents got to see their respective families.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management procedures had improved since the last inspection of this centre which evidence of the management and ongoing review of issues which impacted on the safety of care.

Judgment: Compliant

Regulation 27: Protection against infection

Although there were many examples of where the provider had effectively implemented additional infection control procedures such as hand hygiene and additional cleaning, some measures were required to ensure that all guidance issued by the provider was effectively implemented.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The actions from the last inspection were completed as the provider demonstrated that residents could be evacuated in a prompt manner when minimal staffing was

available.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider maintained accurate drug prescription and administration records which indicated that residents received their medications as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place and additional personal planning was implemented to ensure that residents continued to live a good quality of life during the COVID-19 emergency.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to have a good quality of health and they also had access to medical professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were some restrictive practices in place which were implemented in response to safety concerns. Chemical interventions were also prescribed for a resident in response to medical concerns and additional guidance to support the administration of this medication was completed prior to the conclusion of the inspection.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns on the day of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Advocacy was made available to residents during the COVID-19 emergency, should it be required. Residents meetings also continued to occur which aimed to keep residents up-to-date with developments within the centre.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Pinegrove OSV-0002605

Inspection ID: MON-0029745

Date of inspection: 01/10/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to ensure compliance with Regulation 23 Governance and Management the following actions have been undertaken;</p> <ul style="list-style-type: none"> • The Centre’s contingency plan has been reviewed and revised to ensure the safety pause and uniform guidelines are implemented at all times. • This has been communicated to all staff working within the centre . • Unannounced Senior Management walks arounds have been undertaken and will continue to ensure all staff adhere to full implementation. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>In order to ensure compliance with Regulation 27 Protection against infection the following actions have been undertaken;</p> <ul style="list-style-type: none"> • All infection control guidelines within the center have been reviewed and all staff has been made aware of all measures in place. • Additional signage has been put on display within the center, to ensure all staff are aware of the safety pause, uniform guidelines, wearing of masks, social distancing, use of ppe, and the need to reduce footfall within the designated center. • Unannounced Senior Management walks arounds have been undertaken and will 	

continue to ensure all staff adhere to full implementation.

- A door has been installed, at the entrance of the designated center, to prevent the hallway in the center from being a main thoroughfare. This will enhance infection, prevention and control measures in place.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	02/10/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	06/10/2020

	published by the Authority.			
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