



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

## Issued by the Chief Inspector

Name of designated centre:	Orchard Grove Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	10 September 2019
Centre ID:	OSV-0001756
Fieldwork ID:	MON-0025271

## About the designated centre

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

Orchard Grove Residential Service is a centre run by Western Care Association. The centre provides residential care for up to three male or female residents, who are over the age of 18 years and who have an intellectual disability and an acquired brain injury. It comprises of one premises which is located on the outskirts of a town in Co. Mayo, providing residents with their own bedroom, en-suite facilities, shared bathroom, dining and kitchen area, multiple sitting rooms and access to a large front and rear garden. Staff are on duty both day and night to support the residents who live here.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

3

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
10 September 2019	09:10hrs to 14:00hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

Two residents were present at the centre on the morning of the inspection, one was preparing to leave for the day and the other was being supported to remain at the centre to avail of their day service. One of these residents met briefly with the inspector upon arrival at the centre, but was unable to communicate regarding the care and support they received.

Over the course of the inspection, the inspector observed residents' bedrooms to be very personalised and the layout of the centre promoted residents to independently access all areas, as they wished. In response to assessed communication and cognitive care needs of some residents, the inspector observed staff had effectively displayed visual cues and pictorial references in communal areas of the centre, which supported these residents to be as independent as possible on a daily basis. Various discussions held with staff demonstrated that they had strong knowledge of each resident's assessed needs and they spoke very respectfully of each resident with the inspector.

## Capacity and capability

This centre was last inspected in April 2019 and the provider was not required to complete any actions following that inspection. Overall, the inspector found this centre was well-run and managed, which ensured that residents living there received a good quality of life. Although the provider demonstrated many positive outcomes for residents throughout the inspection, some improvement was required to the documentation in place to support the management of restrictive practices and risk at the centre, as well as the centre's statement of purpose.

The person in charge held the overall responsibility for this service and she visited the centre frequently each week to meet with all staff and residents. She was supported by her line manager and staff team in the running and management of the service on a day-to-day basis, which ensured she had capacity to effectively manage all designated centres within her responsibility including Orchard Grove Residential Service. The annual review and six monthly provider-led visits to the centre were occurring in line with the requirements of the regulations and where improvements were identified, the provider had put arrangements in place to address these in a responsive and timely manner. In addition, the person in charge held regular meetings with staff members, which gave them an opportunity to raise any concerns relating to the care and welfare of residents directly with her. The person in charge also met regularly with her line manager to discuss all operational issues relating to the centre.

Following a recent review of one resident's changing needs, the provider had put a business case in place seeking additional funding for staff support at the centre and was awaiting a response to this at the time of inspection. In the interim, the provider had put alternative arrangements in place to ensure the resident's assessed needs would be met, until additional staffing arrangements were secured. Furthermore, the current staffing levels were subject to regular review by the person in charge to ensure they remained appropriate and adequately supported all residents living at the centre. Staffing arrangements ensured that familiar staff known to residents were available, ensuring continuity of care was provided at all times, and staff spoke confidently about their roles and how they supported residents in line with their assessed needs and personal plans. However, although a planned and actual roster was in place at the centre, it required further review to ensure that at all times it clearly identified the start and finish times worked by staff at the centre.

The provider had arrangements in place that ensured staff received mandatory training as prescribed by organisational policies, and refresher training was available as and when required to ensure their skills and knowledge were up to date. Staff also received regular supervision from their line manager, which had a positive impact on ensuring that all staff were suitably supervised and supported to undertake their roles and responsibilities at the centre effectively.

A review of documentation maintained at the centre showed that a directory of residents was in place and it contained all information as required by the regulations. However, the provider's statement of purpose for the centre required further review to ensure that it contained all information as prescribed in Schedule 1 of the regulations.

#### Regulation 14: Persons in charge

The person in charge had the qualifications and experience required by the regulations. She held responsibility for another service operated by the provider and told the inspector that the current arrangements supported her to also effectively manage this centre.

Judgment: Compliant

#### Regulation 15: Staffing

Suitable staffing arrangements were in place and at the time of this inspection, the provider was reviewing the centre's staffing arrangements in line with residents' changing needs. However, although a planned and actual roster was in place, it did not clearly identify the start and finish times worked by staff at the centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The provider ensured continuity of care through the use of familiar staff at the centre, who in turn had access to regular training opportunities and supervision from their line manager to ensure they could effectively support residents' needs.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was found to contain all information as required by Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage this centre and oversee its care delivery to residents. The annual review and six monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, these were addressed. Overall, the inspector found the provider had ensured adequate resources and systems were in place to effectively manage and run this centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose required review to ensure it included all information as required by Schedule 1 of the regulations.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector found the provider operated the centre in a manner that supported residents' capacities, respected their preferences and was responsive to their changing needs.

The centre was located on the outskirts of a town in Co. Mayo. Each resident had their own bedroom with en-suite facilities as well as access to a communal bathroom, kitchen and dining area and three sitting rooms, which gave residents the opportunity to spend recreational time both together or separately away from their peers, if they wished. In addition, residents could enjoy a large accessible front and rear garden at the centre. Residents' bedrooms were decorated in accordance with their personal tastes and where residents had assessed mobility needs, the provider had installed electronic door openers which supported these residents to have safe access and entry to and from their bedrooms. Furthermore, a recent provider-led visit of the service identified the need for additional handrails and manual handling supports and the provider was in the process of addressing this at the time of inspection. One resident, due to their assessed behavioural support needs, had been facilitated by the provider to have access to their own separate area within the centre, which included their own sitting room, bedroom, bathroom, fire exit and hallway. Overall, the centre was found to be clean, well-maintained and provided residents with a very homely environment to live in.

Adequate arrangements were in place to support the regular assessment and review of residents' needs. Over the course of the inspection, the inspector reviewed a sample of personal plans, which provided comprehensive guidance to staff on what supports residents required in areas such as behavioural support, cognitive support, communication and falls prevention. Furthermore, in conjunction with these personal plans, the inspector observed the effective use of visual cues and pictorial references in the centre's kitchen and sitting rooms to further support the specific needs of residents with assessed cognitive and communication needs.

Residents were consulted regarding the personal goals they wished to achieve and clear records were maintained of the progress made to date towards achieving these. Arrangements were also in place to support residents to engage in meaningful activities, with residents attending day services in line with their needs and choices. In addition, residents had access to suitable transport and staffing



arrangements, which facilitated regular access to community activities. Staff described to the inspector how residents regularly dined out, attended group activities, were part of drama groups and often went shopping. On the day of inspection, one resident was supported to spend their day engaged in community activities of their choice, while another resident was supported to remain at the centre to avail of their day service.

Staff who met with the inspector spoke confidently of the restrictive practices in use at the centre and of their appropriate application. All restrictions were subject to regular review and where environmental restrictions were in place for some residents, such as door locks, the provider had put additional arrangements in place to ensure these restrictions did not impact the residents that they were not intended for. However, the documentation in place to support these restrictions required review to ensure each restrictive practice was supported by an appropriate risk assessment and clear protocol to ensure the least restrictive practice was at all times being used.

The provider had a system in place for the identification, assessment, response and ongoing review of risk at the centre. A number of risk assessments were reviewed by the inspector which demonstrated that staff were able to competently apply this system in identifying and responding promptly to risk at the centre. However, some organisational risks, which were subject to regular monitoring by the person in charge, were not supported by an appropriate risk assessment; for example, specific risks relating to staffing levels.

The provider had precautions in place for the detection, containment and response to fire at the centre. For example, all staff had received up-to-date training in fire safety and knew the procedure to be followed in the event of fire, with this procedure being prominently displayed at the centre. In addition, regular fire drills had occurred and a schedule was in place to ensure that each resident knew what to do in an emergency through their participation in a set minimum number of fire drills each year.

## Regulation 10: Communication

Where residents presented with assessed communication needs, the provider had ensured that these residents received the support they required to effectively communicate their wishes. Furthermore, staff had access to comprehensive communication plans, which adequately guided on residents' preferred communication styles.

Judgment: Compliant

## Regulation 13: General welfare and development

The provider ensured adequate staffing and transport arrangements were in place to support residents to access the community and to engage in activities of their choice. Arrangements were also in place to support residents to engage in employment, education and training, if they wished to do so.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met residents' assessed needs and residents were further supported to decorate their bedrooms in a style which was reflective of their own personal preferences.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that where a resident was temporarily absent from the centre, relevant information was provided to the service taking responsibility for their care during this period which ensured both continuity of care and their continued well-being.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a system in place for the identification, assessment, response and monitoring of risk at the centre. Staff demonstrated their competence in implementing this system through effective response to identified risk. Although organisational risks were subject to regular monitoring by the person in charge, the regular review of these risks were not supported by a risk assessment.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had ensured adequate fire precautions were in place at the centre such

as fire detection and containment measures. Furthermore, effective measures were in place to ensure residents' safe evacuation from the centre in an emergency through regular fire drills, up-to-date staff training and the prominent display of the provider's evacuation procedure at the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs were subject to regular assessment and personal plans were developed to guide staff on how they were required to support residents' specific needs. Clear documentation was in place identifying each resident's goals, the specific supports they required and their progress to date towards achieving these.

Judgment: Compliant

### Regulation 6: Health care

Where residents presented with assessed health care needs, they received the assessed care and support they required. Clear plans were in place to guide staff on their role in supporting residents. In addition, residents had access to a variety of allied health care professionals which they accessed as and when required in accordance with their needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, they received the care and support they required. Although staff demonstrated their knowledge and competence regarding the appropriate application of restrictive practices in use at the centre, not all restrictive practices were supported by a risk assessment and clear protocol to ensure the least restrictive practice was at all times being used.

Judgment: Substantially compliant

### Regulation 8: Protection

There were no safeguarding concerns at the centre at the time of the inspection. However, the provider had ensured that all staff had received up-to-date training in safeguarding arrangements and had access to procedures to support them to effectively identify, respond and monitor any concerns regarding the safety and welfare of residents.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Orchard Grove Residential Service OSV-0001756

Inspection ID: MON-0025271

Date of inspection: 10/09/2019

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The roster now clearly indicates the start and end times of rostered shifts in 24hr clock. Abbreviations are clearly explained on the roster.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been amended to ensure compliance with Regulation 3.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Risk Register has been developed by the Organization to ensure all risks are incorporated. This currently is in draft. However the Risk Register in this Service has been updated in line with new Draft Policy.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All restrictive practices which are identified will be notified to HIQA as required.	

## 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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	11/09/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	11/10/2019
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	11/09/2019
Regulation 07(4)	The registered	Substantially	Yellow	31/10/2019



	provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Compliant		
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