



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

## Issued by the Chief Inspector

Name of designated centre:	Pine Grove Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	05 November 2019
Centre ID:	OSV-0001782
Fieldwork ID:	MON-0025534

## About the designated centre

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

Pine Grove Residential Service is a service run by Western Care Association. The centre is located near a town in Co. Mayo and provides residential care for up to five male and female residents who are over the age of 18 years and have an intellectual disability. The centre comprises of one premises, which provides residents with their own bedroom, shared communal areas and garden space. Transport arrangements are in place to ensure residents have regular opportunities to access the community and local amenities. 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:	5
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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
05 November 2019	09:20hrs to 14:45hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

The inspector did meet with all five residents who live at this centre, but unfortunately due to the communication needs of these residents, none engaged directly with the inspector about the care and support they receive. Upon the inspector's arrival, four of these residents were preparing to go to a nearby day service while the remaining resident was being facilitated to have their day service at the centre.

As the person in charge was unable to facilitate this inspection, in his absence, the person participating in management attended the centre to meet with the inspector. The earlier part of this inspection was facilitated by members of staff who were on duty. These staff members spoke confidently with the inspector about the specific care needs of each resident and were very informative about various aspects of residents' care, including, behavioural support, social care and health care. Throughout the inspection staff were observed to engage respectfully with residents and were very attentive in supporting them to prepare leave for their day service. Residents were observed to freely access the kitchen and dining area and they appeared very comfortable in the company of staff who were on duty.

## Capacity and capability

This centre was last inspected in April 2019 and no actions were required from that inspection. Although a number of areas inspected upon this inspection were found to be in compliance with the regulations, some improvement was required to the assessment of risk, maintenance of the staff roster, management of restrictive practices and to the centre's fire procedure.

The centre's staffing arrangement was subject to regular review by the person in charge who ensured residents received continuity of care, in that, familiar staff known to the residents were at all times available to work at the centre. Staff who met with the inspector were found to be very knowledgeable of each resident's assessed needs and spoke respectfully of each resident's preferred routines. There was a planned and actual roster in place, however; it required improvement to ensure staff names and their start and finish times worked at the centre were at all times legible.

Although the person in charge was not available at the centre on the day of inspection, the person participating in management told the inspector that he was regularly present there to meet with residents and staff. Local and management team meetings were occurring, which provided opportunities for all staff to discuss issues arising within the service. Adequate arrangements were also in place to

ensure each staff member received regular training in areas such as safeguarding, fire safety, manual handling, safe administration of medicines and management of behaviours that challenge.

The provider's monitoring systems for the centre included the annual review of the service, six monthly provider-led audits and other routine audits which provided feedback to the person in charge regarding any improvements required within the service. The inspector noted that where improvements were identified as part of the most recent six monthly provider-led visit, an action plan was put in place to address these. A further six monthly provider-led audit was scheduled to occur subsequent to this inspection and the areas for review were in the process of being finalised.

The centre's incident reporting system was under regular review by the person in charge and where incidents occurred, he had ensured that these were reported to the Chief Inspector of Social Services, in line with the requirements of the regulations.

### Regulation 15: Staffing

The provider had arrangements in place to ensure that the staffing compliment and skill-mix at the centre was subject to regular review. However, some improvement was required to the maintenance of the staff roster to ensure it was at all times legible to the full names of staff members and their start and finish times worked at the centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The provider had ensured staff were provided with the mandatory and refresher training required to perform their role. Each staff member was also subject to regular supervision from their line manager.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had suitable persons appointed to manage and oversee the delivery of care to residents. The provider was completing the annual review and six monthly provider-led visits in line with the requirements of the regulations and where

improvements were identified, action plans were put in place to address these.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting of incidents to the Chief Inspector, as and when required.

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 needs.

The centre was located close to a town in Co. Mayo and comprised of one premises. The centre provided residents with their own bedroom, shared bathrooms, sitting room, dining room, kitchen, therapy room, utility and access to a large garden and grounds. The centre was found to be spacious and clean and the person participating in management told the inspector that plans were in place to carry out re-decoration and repair works to the centre subsequent to this inspection.

Some residents living at this centre required specific supports with regards to their assessed health care needs. The inspector found the provider was responsive to these needs and ensured that these residents were subject to regular review from the relevant allied health care professionals. Similar arrangements were also in place for residents required behavioural support. Staff who met with the inspector spoke of specific behavioural management measures that were implemented for some residents and of the positive impact these interventions had on improving these residents' quality of life. For example, staff said that some residents did not respond positively to changes in staffing arrangements and that due to the efforts made by the provider to ensure these residents were at all times supported by staff who were familiar to them, this resulted in fewer incidents of behaviours that challenge occurring for these residents.

The provider had ensured adequate arrangements were in place to support residents' assessed communication needs. Some residents were unable to verbally communicate their wishes, while other residents also presented with a visual impairment. Staff who met with the inspector knew the preferred communication styles of each resident very well and spoke of the various sensory interventions used within the centre to further support residents' communication needs. For example,

the recent introduction of different daily scents in a hallway diffuser was being used to support residents to identify what day of the week it was. The centre's therapy room also contained various sensory items and pictorial references were displayed throughout the centre, including, visual activity schedules and a visual and audio staff roster.

There were a number of restrictions in place at the time of inspection and of those discussed with the inspector, staff demonstrated strong knowledge of how these restrictions were to be appropriately applied in practice. Furthermore, at the time of inspection, the person in charge was in the process of reviewing the documentation in place supporting these practices in order to increase the operational oversight of their use at the centre. However, some improvement was required to the risk assessments supporting these restrictive practices, to ensure these clearly identified the specific control measures that were put in place by the provider, ensuring that the least restrictive practice was at all times used. In addition, although for the most part, the centre's restrictive practice protocols were found to be very informative, not all protocols adequately guided on the specifics of their application, particularly where multiple staff were required to support the application of a physical restraint.

The provider had a system in place for the identification, assessment, response and ongoing review of risk at the centre and incidents that were occurring at the centre were recorded, responded to and regularly reviewed. Although organisational risks were regularly monitored through a risk register, some risk ratings were calculated in a manner which had not given due consideration to specific measures put in place by the provider, resulting in positive outcomes for residents. Furthermore, some organisational risks, which were subject to regular monitoring by the person in charge, were not supported by an appropriate risk assessment; for example, risks relating to staffing levels, fire safety and restrictive practices.

The provider had fire safety precautions in place, including, detection and containment systems, multiple fire exits and emergency lighting. Regular fire drills were occurring and the records reviewed by the inspector demonstrated that staff could effectively support residents to safely evacuate in a timely manner. Although staff spoke confidently about the procedure they would follow in the event of fire at the centre, this procedure was not accurately documented or prominently displayed at the centre.

## Regulation 10: Communication

Where residents presented with assessed communication needs, the provider had ensured that these residents were supported by the staff working at the centre to communicate their wishes in their own preferred style. Staff who met with the inspector were very familiar with residents' communication needs and residents also had access to speech and language therapy services, as and when required.



Judgment: Compliant

### Regulation 13: General welfare and development

The provider had staffing and transport arrangements in place to ensure residents had opportunities for community engagement, in accordance with their preference and capacity.

Judgment: Compliant

### Regulation 17: Premises

The premises was found to be spacious and clean and provided residents with their own bedroom, shared bathrooms, shared communal areas and large garden space. At the time of inspection, the provider had plans in place to conduct some maintenance and decoration works to the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had an effective system in place for the identification and response to risk at the centre. However, some improvement was required to the system in place for the assessment and on-going monitoring of risk at the centre. For example, some risk assessments in place to oversee the management of the centre's staffing arrangement, use of restrictive practices and fire safety did not adequately guide on the specific controls put in place by the provider in response to the risks in these areas. Furthermore, not all risk ratings gave consideration to the effectiveness of control measures implemented by the provider in response to organisational risks.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had effective fire safety precautions in place, including, detection and containment systems, emergency lighting, fire exits and up-to-date fire safety training. Although staff were very familiar with the procedure to be followed in the event of a fire at the centre, this procedure wasn't accurately documented

or displayed. Furthermore, some improvement was required to the personal evacuations plans in place for residents who may require behavioural support during an evacuation.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The provider had a systems in place which ensured residents' needs were subject to regular assessment and that personal plans were in place to guide staff on residents' specific care needs.

Judgment: Compliant

### Regulation 6: Health care

Where residents presented with specific health care needs had supporting risk assessments and personal plans in place to guide staff on the care that these residents required. Residents also had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured that these residents received the care and support they required. A number of restrictions were in place at the centre and although these were subject to regular review, not all risk assessments adequately described the specific controls put in place by the provider ensuring that the least restrictive practice was at all times used. Furthermore, some protocols supporting the application of physical restraints required review to ensure these adequately guided on the role of staff during application.

Judgment: Substantially compliant

### Regulation 8: Protection

There were no safeguarding concerns at this centre at the time of inspection. All

staff had received up-to-date training in safeguarding and procedures were in place to guide staff on the identification, response, management and monitoring of 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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	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 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially 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 Pine Grove Residential Service OSV-0001782

Inspection ID: MON-0025534

Date of inspection: 05/11/2019

## 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 Person in Charge will update the staff roster to incorporate full names of staff members, with clearly legible start and finish times worked in the centre.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Provider along with the Person in Charge will carry out a thorough review of the risk register for the centre, with particular consideration given to (1) Management of Staffing arrangements (2) Use of restrictive practices, and (3) Fire Safety. The review will also include the rescoring of the risks and a review of the controls in place, specific to the centre.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge will review the Centre Evacuation Plans to ensure it contains all of the required information to safely evacuate the premises and is displayed in the centre at appropriate locations.  The Person in Charge will review all Personal Evacuation plans to ensure they capture all person specific and behavioural support guidance for each individual to safely evacuate the premises.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive	

behavioural support:

The Person in Charge along with the Behavioural Support Specialist will review the protocols supporting the application of physical restraint required to ensure that there is adequate guidance for staff to follow during application.

## 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	06/12/2019
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	17/01/2020
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place	Substantially Compliant	Yellow	20/12/2019



	and/or are readily available as appropriate in the designated centre.			
Regulation 07(4)	The registered 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.	Substantially Compliant	Yellow	20/12/2019