



Office of the Chief Inspector

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

Name of designated centre:	Pine Grove
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	14 May 2019
Centre ID:	OSV-0002605
Fieldwork ID:	MON-0022922

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.

Current registration end date:	03/04/2021
Number of residents on the date of inspection:	10

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
14 May 2019	09:30hrs to 16:00hrs	Angela McCormack	Lead
14 May 2019	09:30hrs to 16:00hrs	Anne Marie Byrne	Support

Views of people who use the service

Inspectors met with four residents on the day of inspection; however, these residents were unable to speak directly with inspectors about the care and support they received. However, while in the company of these residents, inspectors observed them to move freely around the centre doing activities of their choice, and interacting with staff on their own terms. Residents appeared happy and relaxed in their environment and staff interactions with residents was observed to be kind and caring.

Capacity and capability

Overall, inspectors found this was a well-run and well-resourced centre that provided residents with a good quality of service. Since the last inspection of this centre in January 2018, the provider had made improvements to the centre's admissions and staffing arrangements. However, this inspection identified some further improvements were required to the fire, positive behavioural support and risk management systems.

The person in charge held the overall responsibility for this centre and was supported by a team of staff and by the persons participating in management in the running and management of this service. She was based full-time on the campus, which provided her with regular opportunities to visit the centre to meet with residents and staff. She was found to have good knowledge of residents' needs and of the operational needs of the service. She told inspectors that the current governance and management arrangements supported her to have the capacity to fulfill her role as person in charge.

The number and skill-mix of staff working at the centre was subject to regular review to ensure that adequate staffing levels were in place to meet the needs of residents. Where additional staff was required to support residents' behavioural and social care needs, the provider had ensured these additional staffing resources were made available to residents. Staff who met with inspectors spoke confidently about the specific care needs of residents and of their role in supporting these residents. A sample of staff files were reviewed by the inspectors, which demonstrated the person in charge had ensured all information as required by Schedule 2 of the regulations was maintained.

The provider had ensured that residents had a written individual service agreement in place which outlined the terms and conditions of their stay and the fees to be

charged.

The provider had ensured that the service was adequately resourced to provide residents with a service in accordance with the statement of purpose. The annual review and six monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were required, action plans were put in place to address these. Inspectors also observed that these action plans identified areas of improvement required in order to support the transition process due to commence later this year.

In addition, a number of monthly audits were conducted by staff to further monitor specific practices in relation to medicines management and residents' finances. Although regular staff meetings were occurring at the centre, inspectors observed poor staff attendance at these meetings. Furthermore, the specific content of the agenda items discussed was not adequately recorded, which impacted the ability of staff not in attendance to be fully informed of the outcome of the areas discussed. In addition, where members of local management were not present at these meetings, it was unclear if persons were nominated to act on behalf of local management, to provide clear structure on the relevant areas to be discussed and brought to the attention of senior management, if required. Inspectors brought this to the attention of the person in charge, who told of the plans in place to review the communication system between staff and the local management team at the centre. The person in charge ensured that notifications about adverse events were notified to the Authority as required by regulation.

Regulation 14: Persons in charge

The person in charge was found to have the qualifications and experience required by the regulations. She was regularly present at the centre and told the inspectors that the provider had arrangements in place that supported her to fulfill the duties associated with her role.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that adequate staffing levels were in place to meet the needs of residents. A planned and actual roster was in place and the person in charge had ensured all information required by Schedule 2 of the regulations was maintained for all staff.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had arrangements in place to ensure all staff received training and had access to a refresher training programme, as required. All staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective monitoring systems in place to ensure that the service delivered to residents was regularly reviewed. The annual review and six monthly provider-led visits were occurring in line with the requirements of the regulations. The structure of staff team meetings was in the process of review at the time of this inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had a written contract for the provision of services that included the fees that were to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of purpose stated the services and supports that the designated centre provided in line with the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents were notified to the Chief Inspector as required by regulation.

Judgment: Compliant

Quality and safety

Residents living at this centre were supported to have regular opportunities to attend day services, go on day trips, access the community and to engage in activities of their choice. Adequate staffing and transport arrangements supported residents' choice with how they wished to spend their time and activity schedules were displayed in the centre, demonstrating the various activities that residents chose to participate in.

The centre was located on a campus setting, which provided residents with single and shared bedroom accommodation, shared bathrooms, sitting rooms, multiple dining areas, access to canteen facilities and to outdoor garden spaces. The provider also had arrangements in place to support residents to prepare their own meals, if they wished to do so. Residents present on the day of inspection were observed to freely access various areas of the centre as they wished. Residents' bedrooms were found to be nicely decorated and the person in charge told of the plans to cease the use of shared bedrooms following some residents' transition to the community later this year. Overall, inspectors found the centre was well-maintained, tastefully decorated and provided residents with a comfortable environment to live in.

The provider had a system in place for the identification, assessment, response and monitoring of risk at the centre. Inspectors observed positive risk management practices at the centre, including improved risk assessments clearly outlining specific controls in place. Staff demonstrated an increased understanding of the risk management system and the provider's response to recent maintenance works required was clearly risk assessed. However, inspectors observed that some improvement was required to the evaluation of risk assessments to ensure the assessed level of risk gave consideration to the effective measures put in place by the provider in mitigating risk at the centre. For example, although the provider had responded effectively to the assessed falls risk of one resident, the risk assessments supporting this did not provide a clear assessment of the current risk posed to this resident following the implementation of these effective measures.

The provider had effective fire safety arrangements in place, including fire detection and containment systems, staff training, clear residents' personal evacuation plans and clear fire exits. The fire procedure was prominently displayed in the centre and the person in charge was in the process of reviewing this procedure at the time of the inspection. Fire drills were regularly occurring at the centre, which demonstrated that staff could effectively evacuate residents in a timely manner. However, a fire drill was not yet completed with minimum staffing levels.

The person in charge had ensured residents' needs were subject to regular

assessment and that clear personal plans were in place to guide staff on the specific supports that each resident required. Plans were also in place to support a number of residents to transition to the community later this year. Where residents presented with specific health care needs, the provider ensured these residents received the support and care that they required. Staff who spoke with the inspector were found to have strong knowledge of residents' specific health care needs and residents had access to a variety of allied health care professionals, as required.

There were detailed behaviour support plans in place for residents who displayed behaviours that challenge, which clearly outlined triggers for behaviours, proactive strategies to be utilised and guidance for staff to support the residents. Inspectors found that these plans were reviewed regularly and had a multidisciplinary input. Staff received training in managing behaviours that challenge which ensured best support for residents. There were some restrictive practices in use in the centre and these had a multidisciplinary input. However inspectors found that a restrictive practice put in place for a resident required review and more specific detail was needed to guide staff on how best to support the resident.

There were good safeguarding procedures in place in the centre which ensured residents' safety as far as possible. Safeguarding concerns were followed up appropriately and actions arising from safeguarding plans were implemented. 'Safeguarding' was a standing item on the agenda for residents' meetings, however the documentation in relation to what was discussed at these meetings required some improvement. The person in charge had plans to address this.

Regulation 13: General welfare and development

The provider had ensured that residents were supported to have opportunities for recreation, personal development and to take part in activities of interest to them.

Judgment: Compliant

Regulation 17: Premises

The centre was located on a campus setting, providing residents with access to single and shared bedrooms, shared bathrooms, sitting rooms, dining areas and with access to external garden spaces. The centre was found to be clean, tastefully decorated and provided residents with a comfortable environment to live in.

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. However, inspectors observed that some improvement was required to risk assessments to ensure the assessed level of risk gave consideration to the effective measures put in place by the provider in mitigating risk at the centre. In addition, the monitoring of risk was not always supported by a risk assessment, for example, the on-going monitoring of staffing levels.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that effective fire safety arrangements were in place, including, detection and containment, staff training, regular fire safety checks and emergency lighting. The fire procedure was prominently displayed and the person in charge was in the process of reviewing this procedure at the time of this inspection. Although fire drills were regularly occurring at the centre, the provider had not completed a fire drill using minimum staffing levels.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured residents' needs were subject to regular assessment and that clear personal plans were in place to guide staff on the specific supports that each resident required. Plans were also in place to support a number of residents to transition to the community later this year.

Judgment: Compliant

Regulation 6: Health care

Where residents presented with specific health care needs, the provider ensured these residents received the support and care that they required. Staff who spoke with the inspector were found to have strong knowledge of residents' specific health care needs and residents had access to a variety of allied healthcare professionals,

as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who displayed behaviours that challenge had behaviour support plans in place, which were reviewed regularly and had a multidisciplinary input. There were written protocols in place for restrictive practices, however the inspectors found that improvements were needed in the review of some restrictive practices and greater detail was needed to guide staff in the use of the restrictive practice.

Judgment: Substantially compliant

Regulation 8: Protection

There were good safeguarding procedures in place to ensure residents' safety while living at the centre. Safeguarding plans were reviewed and actions were taken to ensure residents' safety. Staff were trained in safeguarding and staff who inspectors spoke with were knowledgeable about safeguarding procedures. Residents' meetings occurred regularly where safeguarding was a standing agenda item.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
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 OSV-0002605

Inspection ID: MON-0022922

Date of inspection: 14/05/2019

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All Risk assessments will ensure the assessed level of risk gives consideration to each effective measure put in place by the provider, ie Current controls in place have been reviewed to reflect the risk rating. A comprehensive risk assessment has been put in place to ensure there is ongoing monitoring of staffing levels.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire procedure has been reviewed and updated to outline clearly what to do in the event of a fire. A fire drill schedule has been drawn up to include fire drills using minimum staffing levels.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A review has been completed at the designated centre and all written protocols in relation to restrictive practice have been updated and provide greater detail to staff and guide them in the use of restrictive practice.	

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 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	07/06/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	14/06/2019
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	29/05/2019