



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

## Issued by the Chief Inspector

Name of designated centre:	Pinewood Lodge
Name of provider:	Dundas Ltd
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	08 January 2020
Centre ID:	OSV-0005551
Fieldwork ID:	MON-0023047

## About the designated centre

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

The centre is located a short distance from a town in county Meath. It aims to provide a residential service for up to 6 adults both male and female over the age of 18 years diagnosed with intellectual disabilities, autism, acquired brain injuries and who may also have mental health difficulties. It is the aim of the service to promote independence and to maximise quality of life through person centred principles within the framework of positive behaviour support. The centre is a two storey detached building consisting of 6 bedrooms, 1 of which has an en-suite. There is a kitchen, 3 communal recreational rooms, 2 bathrooms and 1 wc. The centre is staffed by team leads, support workers and a person in charge.

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

Number of residents on the date of inspection:	5
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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
Wednesday 8 January 2020	10:30hrs to 18:45hrs	Andrew Mooney	Lead

## What residents told us and what inspectors observed

The inspector engaged with residents in line with their assessed needs throughout the day of inspection. During the inspection the inspector met and spoke with five residents. Residents who spoke with the inspector said they were very happy in their home.

A resident spent time showing the inspector their bedroom which they had spent time personalising. This was something they were very proud of. This resident told the inspector they were very happy with staff and the support they received. However, a resident did also raise concerns regarding the impact another residents' assessed needs was having upon them. This resident had raised their concerns with the provider and the provider was working proactively with all stakeholders to address these concerns.

The inspector observed very positive interactions between staff and residents during the inspection. The centre was homely and it was clear residents were very comfortable with staff.

## Capacity and capability

The capacity and capability of the centre was enhanced through robust governance and management arrangements that had ensured appropriate resources were available within the centre.

The provider had ensured that there was a statement of purpose in place that included all information set out in the associated schedule. It was reviewed as required and a copy was readily available to residents and their representatives.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge in place who provided effective leadership. The provider had systems in place to monitor and review the quality of services provided within the centre. These governance and management arrangements ensured there were clear lines of accountability. The provider utilised a suite of audits to identify service deficits and developed action plans to address any deficits noted. This showed that the provider could self identify issues within the centre and drive improvement.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the residents of the centre. Staff were supported and supervised to carry out their duties to protect and

promote the care and welfare of residents. During the inspection the inspectors observed staff interacting in a very positive way with residents. The provider had safe and effective recruitment practices in place to recruit staff. This ensured that all appropriate schedule 2 information was in place.

The provider had ensured that staff had the appropriate skills and training to provide support to residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents. Staff were supported and supervised appropriately to protect and promote the care and welfare of the residents within the centre.

#### Regulation 14: Persons in charge

The centre was managed by a suitably skilled, qualified and experienced person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. All schedule 2 information was in place.

Judgment: Compliant

#### Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence-based practice. Staff were supervised appropriate to their role.

Judgment: Compliant

#### Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service

provision.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule.

Judgment: Compliant

### Quality and safety

Overall residents received a good quality and safe service within the designated centre. There were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things went wrong. However, improvements were required in the centres process of reviewing certain risks and adverse incidents.

The inspector completed a walk through of the centre and found the physical environment was clean and kept in good structural and decorative repair. Residents bedrooms were personalised to their tastes and there was suitable storage facilities available for the personal use of residents. The communal areas within the designated centre were appropriately decorated and this contributed to a warm and homely feel to the centre.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. Residents were supported to access and be part of their community, in line with their personal plans. There was also a comprehensive personal planning review process in place.

Residents' healthcare needs were well supported. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. Where appropriate, residents were supported to access the national screening service. This resulted in residents being supported to achieve their optimal health.

Residents' personal possessions were respected and protected. Each residents bedroom was equipped with ample and secure storage for personal belongings and furniture. Where necessary, residents were provided with support to manage their financial affairs.

All incidents, allegations and suspicions of abuse at the centre were investigated and reported in accordance with the centres policy. The provider had put systems in place to respond to any safeguarding concerns. Where compatibility of residents was identified as a potential issue, appropriate safeguarding plans were put in place to ensure residents long term safety and wellbeing was being protected.

Arrangements were in place to support and respond to residents' assessed support needs. This included the on-going review of behaviour support plans. Staff were very familiar with residents needs and any agreed strategies used to support residents. All staff received positive behaviour support training and this enabled staff to provide care that reflected up-to-date, evidence based practice. This promoted a culture of positive behaviour support within the centre.

The centre maintained a risk register which outlined pertinent risks in the centre such as behaviours that challenge and fire hazards. In addition, individualised risk assessments were completed for residents. When adverse events occurred most were documented as per the centres policy and were subsequently reviewed. However, certain adverse incidents were being categorized using an antecedent behaviour and consequences (ABC) system. While these events were reviewed, they were not reviewed in line with the centers adverse incident policy. This had the potential to negatively impact the quality of care of residents engaging in behaviours of concern and negatively impact the lived experiences of residents within the centre.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

### Regulation 12: Personal possessions

Where necessary, residents were provided with support to manage their financial affairs.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were provided opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant



<b>Regulation 17: Premises</b>
The premises meets the needs of all residents and the design and layout promotes residents' safety, dignity, independence and wellbeing.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
There was an appropriate risk management policy and emergency planning arrangement in place.  However, some risks assessments required review as the ratings were not in line with the risks presenting in the centre. Furthermore, some adverse incidents had not been reviewed in a timely manner and learning had therefore not been captured in a timely manner from these incidents.
Judgment: Not compliant
<b>Regulation 28: Fire precautions</b>
Suitable fire equipment was provided and serviced as required. There was adequate means of escape, including emergency lighting. There was an appropriate procedure for the safe evacuation of residents. Staff received appropriate training and knew what to do in the event of a fire.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Each resident had a personal plan, prepared no later than 28 days after admission to the centre, which reflected the residents' assessed needs and outlined the supports required to maximise the residents' personal development in accordance with his or her wishes, individual needs and choices.
Judgment: Compliant

## Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to that residents' personal plan.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Appropriate supports were put in place for residents with behaviours that challenge or residents who are at risk from their own behaviour.

Judgment: Compliant

## Regulation 8: Protection

The person in charge initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered abuse.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Pinewood Lodge OSV-0005551

Inspection ID: MON-0023047

Date of inspection: 08/01/2020

## 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 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>All risk Ax have been reviewed and updated by PIC and PPIM</p> <p>All incidents are reviewed by the PIC and PPIM within three days.</p> <p>MDT are notified of all incidents and offer support and input</p> <p>Risk Ax’s reviewed at monthly risk management meeting, risk ratings reviewed at this time in line with organizational risk management policy</p> <p>Risk assessments and incidents reviewed at quarterly MDT meetings</p>	

## 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.	Not Compliant	Orange	30/03/2020