



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

Issued by the Chief Inspector

Name of designated centre:	Pinewood Court - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	05 May 2021
Centre ID:	OSV-0003085
Fieldwork ID:	MON-0027283

About the designated centre

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

Pinewood Court is a community service providing residential care for seven individuals with an intellectual disability across two locations. The houses are located in a suburban area of North West Dublin and are situated next door to each other. They are in close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. Both premises are semi-detached and comprise of four bedrooms in each. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. All residents have their own bedrooms in each house and two of the residents have ensuite bathrooms. The staff team consists of a person in charge, social care workers and healthcare assistants. They provide a variety of supports for residents through a staff duty roster which includes sleepover and day support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 5 May 2021	10:00hrs to 15:00hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From speaking with residents and from what the inspector observed, this was a well run centre which was providing high standards of care and support to residents. The inspector found that the resident group were happy living in this centre and were safe. There was clear evidence to demonstrate that a culture of person centredness was in place in the centre which contributed towards residents experiencing a good quality of life.

The inspector met with six residents during the course of the inspection and spent time speaking with them and listening to their life stories and experiences of living in this centre. Some of the residents were playing a game of bowling in the back garden and others were completing word searches and relaxing listening to music and watching television. One resident was celebrating their birthday on the day of the inspection and there was a sense of fun and excitement amongst the group. There was a birthday cake ready for the celebrations which were planned for later in the day and residents were telling the inspector about their favourite types of cakes and treats. It was clear that strong friendships had formed amongst the residents and between them and the staff team.

The residents told the inspector that they felt safe living in the centre and knew how to report any concerns or incidents of mistreatment should they ever occur. Some residents told the inspector about the impact of the COVID-19 pandemic on their day-to-day lives, but explained that they understood the reasons for restrictions associated with public health guidance. They explained that they followed the news every evening and had been supported by the staff team to understand the impact of contracting the virus, the importance of hand washing, and about the vaccination programme. The residents were planning their post pandemic activities and holidays and were looking forward to the lifting of restrictions.

Prior to the pandemic some of the residents had part-time jobs and regularly met with their job coaches and social workers. The resident group frequently holidayed abroad together and also went on holidays with their families and friends. It was clear that they lived very active social lives and had plans to continue this in the near future. The residents had developed a wide range of natural support networks in the local community through the supports of the staff team including local retirement women groups, church groups, work friends, family connections and special olympics networks. Some residents were very active with the special olympics and had previously partaken in competitions in the areas of pitch and putt, swimming and bowling. A number of residents had travelled to national and world games to compete in these sports.

In addition to speaking with residents, the inspector received seven completed resident questionnaires. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors

to the centre, personal rights, activities, staffing supports and complaints. There was very positive feedback provided in the completed questionnaires with residents indicating that they were very satisfied with the service they were in receipt of. One resident stated "I am happy with everything in the house" and also said "I am very happy with the amount of choice" while others said "I am very happy" and "I've no problems and I am very happy with the house".

The inspector also viewed a number of family questionnaires which had been issued to the families of residents by the registered provider. The responses outlined in the responses received by the registered provider were very positive and demonstrated a high level of satisfaction with the services being received by their loved ones. One family member stated "I feel the staff do a very excellent job" and another response stated "we would be lost without all the help, guidance and advice [of the staff team who] support, encourage and help [the residents] through life".

The inspector was shown around the centre by some of the residents and staff members. The centre was spacious, well maintained and very clean throughout. It provided for a comfortable living environment and was tastefully decorated. All residents had their own bedrooms and there were a number of shared spaces both internally and externally where residents could socialise and spend time together.

There was evidence available to the inspector which demonstrated that the rights of residents were promoted and considered in the operation of the centre. For example, residents participated in weekly centre meetings which discussed a range of issues including complaints, menu planning, grocery shopping, activities and outings, holiday plans, reflections on the previous week and plans for celebrating birthdays and other significant events. All residents had a named key worker and were supported to develop independent living skills where appropriate including using public transport and operating a bank account. A number of the residents were actively involved in self-advocacy groups while others availed of independent advocacy supports in the past. The residents were supported by the staff team to vote in elections when they took place and were active members of their local community.

The residents told the inspector that they were very happy with the staff team employed in the centre. Staff members were observed to be respectful with the resident group and attended to them in a kind and patient manner. The manner in which staff members spoke about residents was sensitive, respectful and appropriate. The staff members met with knew the individual needs and preferences of residents well. In the questionnaire responses the residents told the inspector that "the staff are friendly and always listen to us" and "they are great cooks". Another resident stated "I'm very pleased with the staff when they come to the house. We're pleased to have them and we have a great laugh and a great time in the house". The residents were observed to be very comfortable in the company of the staff team and communicated their needs easily with them.

While overall the findings of this inspection were very positive, the inspector found that there were some areas which required additional improvements. These included the arrangements for periods when the person in charge was not present in the

centre and the manner in which the staff team were supervised.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that this centre was well managed and there was good oversight of the care and support being delivered to residents. The findings of the inspection were positive and demonstrated that there were high standards of services being provided, however, there were some areas that required improvement. These included the need for strengthened arrangements for periods when the person in charge is not present in the centre and for the supervision of the staff team.

The inspector found that there was effective leadership in place in the centre overall, however, during periods when the person in charge was not present there was an absence of alternative arrangements for the management of the centre. The person in charge demonstrated high levels of knowledge of the legislation, regulations and national policy and the centre was found to be adequately resourced. The staff team employed were found to be competent and motivated and they told the inspector that they felt supported in their roles.

A review of staffing arrangements found that the number and skill mix of the staff team employed in the centre was appropriate to meet the needs of residents who were being supported. There was good continuity of care and support which had positive outcomes for the resident group who knew the staff team well. Members of the staff team who were met with by the inspector during the course of the inspection knew the individual and collective support needs of residents well including their preferences, likes and dislikes and communication methods.

There was a wide range of training completed by the staff team including courses described by the registered provider as being mandatory and additional training which focused on the individual needs of residents. All staff were found to have completed all mandatory training which included fire safety, food safety, hand hygiene, safe administration of medication, children first, safeguarding, manual handling, infection prevention and control, and the use of personal protective equipment (PPE). The arrangements for the supervision of the staff team were reviewed by the inspector who found that there was a need for improvement both in the informal and formal systems used in the centre. For example, while the person in charge was not present for an extended period of time there had been no staff member appointed as acting manager. In addition, while the formal supervision of staff members had begun in the centre, this had not included all staff members and there remained confusion as to who had responsibility for supervising staff members

who were redeployed to the centre or were working from home.

Regulation 14: Persons in charge

The inspector found that the centre was managed by a suitably skilled, qualified and experienced person in charge who was employed in a full-time capacity. The person in charge promoted and advocated for residents to be engaged in the operation of the centre and to develop independent life skills. They were familiar with the residents' needs and supported the staff team to meet those needs in practice.

Judgment: Compliant

Regulation 15: Staffing

Residents told the inspector that the staff team treated them with respect and ensured that there was an environment in the centre which promoted their human rights. It was clear that staff members were aware of their role to care for and support residents while also advocating for them when necessary. There was evidence of continuity of staffing which allowed for the formation of good relationships with residents and for the staff team to become very familiar with the needs of the resident group.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence to demonstrate that staff members had received ongoing training as part of their employment in the centre which included training on the specific support needs of the residents. There was, however, a need for the development of appropriate arrangements for the supervision of staff including periods when the person in charge was not present in the centre and clarity on who had responsibility for supervising staff members who were redeployed to the centre or were working from home.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that overall, there were good governance and management arrangements in place in the centre. There was, however, an absence of a clear arrangements for periods when the person in charge was not present in the centre. Despite this, the registered provider had completed annual reports and six monthly visits to the centre as required by the regulations and there were high standards of care and support being provided to residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place in the centre along with effective arrangements for the management of complaints. A sample of complaints made were reviewed by the inspector who found that they had been investigated and followed up on in a timely manner with satisfactory outcomes for the complainants. There were easy read procedures available in the centre to support the resident to make a complaint and the inspector observed a culture of promoting and welcoming complaints from stakeholders.

Judgment: Compliant

Quality and safety

The inspector found that residents availing of the services of this centre were experiencing a good quality of life. The care and support being provided was of a high standard and it was delivered through a person-centred and human rights based approaches. Residents told the inspector that they felt safe living in the centre and the inspector observed that the registered provider and person in charge had taken appropriate actions to prevent the resident group from experiencing abuse.

There was evidence of good consultation with residents and their needs were being met through access to healthcare services, allied health professionals and

opportunities for social engagement despite the restrictions which were in place associated with the COVID-19 pandemic. Residents told the inspector that they were very happy with the services they were in receipt of and it was observed that they lived active, meaningful and rewarding lives. The activities which residents were engaging in reflected their interests and facilitated the ongoing development of life skills.

A review of the measures taken by the registered provider to protect residents against infection was completed by the inspector. The registered provider had taken appropriate action to prevent or minimise the occurrence of healthcare-associated infections in the centre including COVID-19. Staff members had access to stocks of PPE and there were systems in place for stock control and ordering. There was a COVID-19 information folder available, which was updated with relevant policies, procedures, guidance and correspondence. These included a response plan in the event that an outbreak were to occur. There were hand sanitizing stations at a number of locations throughout the centre and staff were observed to be wearing face masks in line with public health guidelines.

Regulation 17: Premises

The inspector found that the premises of the centre were appropriate in their design and layout to meet the needs of the residents being supported. The centre was tastefully decorated and provided for a homely environment. There was suitable storage facilities and there were adequate numbers of showers and toilets for residents to use. The centre was in a good state of repair and provided adequate private and communal accommodation.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge and registered provider had a good understanding of the different levels of risk, type of service being provided, the individual and collective needs of residents, and the needs of the staff team and visitors and had taken appropriate action to manage the presenting risks. There was a risk management policy in place and the person in charge had maintained a risk register which outlined the higher risks in the centre along with their control measures. A sample of these risk control measures were reviewed and were found to be in place at the time of the inspection. There were regular internal reviews of incident and accident trends in the centre and a sample of these incidents were reviewed by the inspector who found that appropriate follow up actions had taken place by the registered provider.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines. There was a local contingency plan in place and a COVID-19 folder was maintained in the centre containing up to date information and guidance for the staff team. Staff were observed to be wearing face masks and personal protective equipment in line with public health guidance and documentation maintained demonstrated increased cleaning on a regular basis.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had a fire alarm and detection system in place along with appropriate emergency lighting. There were personal emergency evacuation plans prepared for residents and there were fire containment measures in place in the form of fire doors and self-closing devices. There was evidence available to demonstrate that the residents and staff team could evacuate the centre in a timely manner in the event of a fire.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of the resident availing of the services of the centre. While the inspector found that a small number of incidents of a safeguarding nature had occurred in the centre, appropriate follow up actions had taken place in line with local and national policy requirements. Staff members spoken with were knowledgeable of the different types of abuse and the actions required if abuse was ever suspected, witnessed or reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that the residents were supported to exercise their rights, were included in decision making processes about their care and support, and were supported to exercise choice and control over their daily lives while availing of the services of the centre. There was a person-centred approach to the provision of care and support which resulted in residents contributing to decisions being made about decisions relating to them. It was clear that residents had been empowered and supported to understand issues such as COVID-19 and the vaccination programme and the staff team had utilised information in an easy read format to help residents consent to medical care of this nature.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Pinewood Court - Community Residential Service OSV-0003085

Inspection ID: MON-0027283

Date of inspection: 05/05/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC is now present and back working in the centre.PIC has completed Supervision with all staff team members.Redeployed staff are also supervised by their Day Staff Manager	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC has now returned to centre and in her absence the PPIM will provide oversight to the centre.	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/05/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	29/05/2021