



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

## Issued by the Chief Inspector

Name of designated centre:	Orchard Grove Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	08 November 2022
Centre ID:	OSV-0001756
Fieldwork ID:	MON-0034605

## About the designated centre

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

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

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

Number of residents on the date of inspection:	2
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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 (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
Tuesday 8 November 2022	11:00hrs to 14:30hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor the providers compliance as required by the Chief Inspector. The centre was last inspected in March 2021 and this inspection found a high level of compliance with the regulations, as shown in this report.

As part of this inspection, the inspector met with the person in charge, social care staff on duty, day service staff who were supporting both residents with their individualised programmes. At the time of the inspection one resident was enjoying a short drive in the community and another was completing their planned activities.

From speaking with the person in charge and staff it was clear that many measures were in place to care and support residents as per their assessed needs, while also ensuring that both residents benefited from a quality of life. It was also evident that the person in charge and staff helped residents on a daily basis to understand and manage their schedule effectively, through a personal outcomes approach. Residents were provided with regular meetings to discuss and plan their events and views on the centre and everyday life, which reflected their choices and preferences. Staff and residents were seen to engaging warmly and comfortably during the inspection. They were observed to be happy going about their activities.

Easy to read versions of important information was made available to residents in a format that would be easy to understand. This included information about complaints, safeguarding, fire evacuation, hand hygiene, personal hygiene, advocacy and human rights. Where required, social stories were developed to help residents understand various aspects of evolving public health guidelines and changes to their usual routines.

Residents were supported to keep in contact with their families and friends and staff supported both residents in maintaining this contact while adhering to current public health guidance. In addition, residents were supported to practice their religious preferences as they wished.

Systems were in place to ensure that residents had access to allied healthcare services, this included General practitioner (GP) services as required. Ongoing access to emotional and therapeutic support was also provided for.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through a personal planning process, by observation. This information was used for individualised planning and this guided activity schedules for each resident. There were enough staff in the centre to ensure that the residents' support needs were met. A staff member worked daily with each resident to provide one-to-one support at all times while at the centre and in the local community. During the inspection residents spent parts of their day away from the centre. For example, one resident

enjoyed short spins in the transport, going to the local shop and purchasing newspapers. The resident was also observed cleaning up after their meal with staff. Another resident was observed engaging in their table top activities, engaging with their staff. During this observation staff were observed to communicate in the residents preferred manner and were familiar with signs or gestures when this resident required a change or preferred their own company. The management team had developed individualised programmes for both residents which ensured they had space and separate programmes within the centre, the inspector noted that the provider had also recognised that compatibility may be an issue. This was currently under review by the management team at the time of the inspection.

The centre was laid out to create a comfortable, accessible and safe atmosphere for both residents. The centre was warm, clean, spacious, suitably furnished, decorated and equipped to meet the needs of residents and support their enjoyment of preferred activities. The inspector noted that the personalised living environments of both residents reflected their personal choices, tastes and was suitably decorated.

In summary, the inspector found that residents' safety and welfare were paramount to all systems and arrangements that the provider had put in place in this centre. The provider had also ensured that residents were supported and encouraged to choose how they wished to spend their time and that they were involved in as much as possible in the running of their home.

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

## Capacity and capability

The centre had a management structure in place which was responsive to residents' needs and feedback. There was a clearly defined management structure which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in their role by a full time and experienced person participating in management and staff team.

The person in charge was a qualified healthcare professional and provided good leadership and support to their team. They ensured that staff were appropriately qualified, trained, supervised and supported to ensure they provided the required skills to provide a caring, responsive and effective service to both residents. For example, one resident living in this house experienced behavioural issues relating to their disability (especially around new staff or persons unfamiliar to them or new situations). The person in charge had made provisions for the residents to have an individualised service and ensured other relevant therapeutic supports such as positive behaviour support and mental health services were also provided for.

Of the staff spoken with, the inspector was assured that they had the skills,

experience and knowledge to support resident's in a safe and effective way. They were knowledgeable on the assessed needs of both resident's and able to explain to the inspector how best to support them in behavioural issues. From a sample of staff files reviewed the inspector saw that staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire training, infection control and positive behaviour support. This meant they had the skills necessary to respond to the needs of the resident in a consistent and capable manner. The inspector also found that the staff spoken with had the necessary skills, experience and knowledge to support resident's in a safe and effective way. This inspection found that there were good governance systems and structures in place for the oversight, monitoring and direction of care for residents living in the centre. The provider had an effective on-call arrangements in place which also meant that residents and staff were supported at all times. The inspector also noted that incidents were recorded and reported appropriately which reflected they were monitored effectively. This showed that relevant notifications were recorded, reported and responded to appropriately in a timely manner.

There were systems in place for reviewing and monitoring the service to ensure the effective delivery of care and support to residents. These included provision of suitable, safe and comfortable equipment and furnishing, suitable transport for residents to use, and adequate staffing levels to support residents. The centre was also resourced with facilities to reduce the risk of infection as per current national public health guidelines. There were plentiful supply of personal protective equipment (PPE) and arrangements were in place to monitor the stock available in to the centre. In addition, detailed unannounced audits were being carried out twice a year on behalf of the provider. Records of these audits showed a good level of compliance and that any identified issues had been or were being addressed within realistic time-frames. Auditing systems included infection control, financial records, medication management, and health and safety systems in the centre.

From a review of staff training records mandatory training was up to date- for all staff at the time of the inspection. Furthermore, the inspector noted that a schedule was in place to ensure that refreshers and updates were planned in advance for all staff by the training department. The person in charge maintained staff records appropriately, such as training records, supervision information and staff files appropriately as required.

Overall, the inspector found that both residents were satisfied with the service provided, were receiving individualised person centred care which was appropriate to their needs at present. The provider was also monitoring this service effectively and recognising when changes were required for residents in the centre.

## Regulation 15: Staffing

The provider demonstrated that sufficient staff numbers were in place in-line with the statement of purpose to meet the assessed needs of both residents.

Judgment: Compliant

### Regulation 16: Training and staff development

A sample of training records were reviewed and showed that staff were up to date with their training needs and had also undertaken additional training as identified by the person in charge and management systems.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in place had ensured the service provided to residents was safe, effective, monitored on an ongoing basis. The provider had appropriate resources in place including equipment, staff training, adequate resources such as staffing and transport. There was a clearly defined management structure and staff reported to the person in charge. An Annual review of the quality and safety of care and support was completed and this considered the views of resident's and their representatives. A six monthly unannounced audit was also recently completed by the provider as required.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge monitored the incidents and was aware of the requirement to report necessary incidents to the Chief Inspector in a timely manner.

Judgment: Compliant

## Regulation 34: Complaints procedure

The management team had ensured that an effective complaints procedure was provided and available in the centre. This was also provided in an accessible format, and clearly displayed the nominated complaints person in the centre. The person in charge maintained an effective and up to date record of all complaints for the centre. At the time of the inspection, there were no complaints received or in process.

Judgment: Compliant

## Quality and safety

The service was provided to support and meet the resident's complex and individual assessed needs, and in line with their expressed wishes. The quality and safety of care was also monitored as required by the regulations. Overall, this service ensured the quality and safety of the service provided to residents' living in this centre.

Residents were supported with their healthcare needs as required and access to GP services was provided for. The inspector saw that residents had an annual medical review and also had access to allied healthcare professionals such as dentist, chiropodist, physiotherapy and chemist. At times when a resident refused treatment or interventions, this was recorded and alternative arrangements were made. Such as, another appointment and time spent explaining the process to residents in a social story or manner appropriate to the residents needs. Care plans were also in place to guide staff in supporting residents to achieve the best possible health.

The provider also ensured that residents were supported to enjoy the best possible emotional health and well being as detailed in section 1 of this report Capacity and Capability; some of the residents living in this house experience behavioural issues and were supported as guided by their current support plans. The person in charge who had recently commenced in their role, had a lot of knowledge and was aware of ongoing plans in place to ensure residents were supported appropriately and received all necessary reviews when necessary. There were positive behaviour support plans in place. Staff had training in positive behaviour support techniques so they had the skills required to support residents in a professional and calm manner and in line with their recommendation from the multidisciplinary team.

Systems were in place to safeguard residents. The provider had appropriate guidelines to ensure staff had the required knowledge to respond accordingly to any concern if they had one and from a sample of files reviewed, staff had appropriate training in safeguarding of vulnerable adults.

Effective fire safety precautions were in place, including fire detection, fire safety checks, emergency lighting arrangements and multiple exits were also available throughout the centre. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. A personal emergency evacuation plan (peep) was in place for each resident which ensured that staff were guided on how to support each resident as required to evacuate the centre.

The inspector reviewed the premises of the designated centre and found it was comfortable, spacious and well laid out. The centre was clean, free from dust and debris and met the requirements of schedule six of the regulations. The staff and person in charge ensured that the centre was monitored and maintained effectively. The inspector saw that maintenance lists were in place with time-bound plans in place to address deficits.

Overall, the inspector found that care within the service was delivered in a person centred manner and the quality of the resident's lives were actively promoted.

### Regulation 17: Premises

The premises was both clean and in a good state of repair at the time of the inspection. In addition, the design and layout of the centre met both the assessed needs of residents and the requirements of schedule 6 of the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

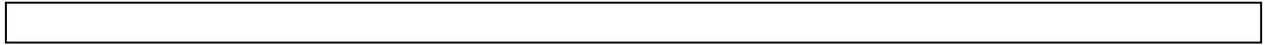
The provider had systems in place for the management of risk which included a comprehensive personal risk management plan. Internal audits ensured that control measures identified were effective. In addition, actions identified in the last inspection were now addressed.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate fire safety procedures and equipment were in place at the centre and staff had completed up to date fire safety training. Fire drills demonstrated that both residents and staff could safely evacuate, and the provider had ensured these

systems were monitored effectively.
Judgment: Compliant
<b>Regulation 6: Health care</b>
The health needs of residents were assessed and supported in the centre. Residents had good access to a range of allied healthcare professionals, such as general practitioner, as well those required as per their assessed needs.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Resident's were appropriately supported with their emotional needs. Behaviour support plans had been developed as required. This included ongoing assessment, and in consultation with a behaviour therapist. Behaviour support plans gave detailed guidance on environmental accommodations and programme interventions to support residents with their emotional needs. Plans were personalised incorporating residents individual communication styles and preferences.
Judgment: Compliant
<b>Regulation 8: Protection</b>
The provider had suitable arrangements in place to safeguard the residents' from any form of harm.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
Residents' rights were paramount to the service being provided at the time of the inspection.
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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant