Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Pine Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	07 July 2025
Centre ID:	OSV-0004460
Fieldwork ID:	MON-0047420

About the designated centre

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

Pine Services is a residential service, which is run by the Brothers of Charity Services Ireland. The centre provides accommodation and support for five male and female adults over the age of 18 years, with an intellectual disability. The centre comprises of two bungalows located in a village in Co. Roscommon. The bungalows comprise of single residents' bedrooms, en-suites, shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas to the rear and front of each bungalow. Staff are on duty both day and night to support residents availing of this service

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 (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
Monday 7 July 2025	11:30hrs to 18:30hrs	Mary McCann	Lead

What residents told us and what inspectors observed

The inspector found that safeguarding was well managed and Pine services offered a good safe service to residents where their rights were protected, safeguarding was well managed and residents enjoyed a good quality of life and the enhancement of developing independent life skills was promoted.

This inspection was an unannounced thematic safeguarding inspection which focused on a review the arrangements the provider and person in charge have in place to ensure compliance with specific regulations of the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). In June 2024 a regulatory notice was issued by the Chief Inspector stating the paramount importance of safeguarding which involves a holistic approach that promotes people's human rights and empowers them to exercise choice and control over their daily living activities.

Pine services consists of two bungalows located in a small village beside each other on the outskirts of a scenic rural village. This inspection commenced in the afternoon and there was one person available in the centre with one staff member when the inspector arrived. The staff on duty welcomed the inspector unto the centre and the inspector spoke briefly with the resident. The staff member was observed to be caring and kind to the resident, trying to allay the resident's anxiety and making them a cup of tea. The inspection was facilitated by the person in charge. The inspector also met and spoke with a the area manager team and two staff members who worked in the centre. Four residents were at day services and returned to the houses at approximately 4:30 pm. Five residents lived in this centre and the inspector met with four of them. All residents could communicate independently and told the inspector that they were very happy living in the centre and were engaged in activities of their choice. One resident was very excited to tell the inspector they had become a Eucharistic Minister and were delighted with this. It had been a goal of theirs for a while. They explained how staff supported them to achieve this goal. A resident spoke about being on holiday last year and hope to go on holiday again this year. The staff spoke warmly to the residents and fondly of the residents. Staff were keen to enhance the the quality of life of residents and there was a good culture of enabling residents to develop skills, promote independence and positive risk-taking and utilising the facilities of the community. One resident was independently going for a walk each evening. Another residents was preparing her lunch daily One resident proudly told the inspector they had got a part-time job. All residents attended day services and were engaged in the community.

Residents spoke about their interests and hobbies including knitting and going shopping. Residents told the inspector that staff were approachable and that they would be happy to talk to them about any concerns they had and make a complaint, if necessary. The inspector noted that one resident was supported by staff to make a complaint. This had been resolved. In addition to the person in charge and the

area manager, the inspector met with two other members of staff. Staff were very knowledgeable on the residents' needs and their preferences. The care plans reviewed by the inspector were in line with what the staff told the inspector.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describe about how governance and management affects the quality and safety of the service provided.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall there were good governance and management systems in place and these ensured that the service provided was a safe quality service. However, improvements were required with regard to best practice in documentation management and this is discussed further under regulation 23 Governance and management. Another area that required review related to confirmation of mandatory staff training . This is discussed further under regulation 16.

Systems were in place to ensure the person in charge and registered provider had oversight of significant events in the centre, which included a system where staff of the centre recorded accidents and incidents on an accident and incident recording system (AIRS). This alerted the person in charge and other relevant personnel of the occurence of the incident. Also regular audits of accidents and incidents were occurring This oversight was important to make sure that the provider was aware of the safety and quality of the service provided to residents and to identify trends and learn from events.

The quality of this service was enhanced by the provider ensuring that adequate resources which included a a consistent staff team with the required skills and competencies to meet the assessed needs of residents. This also ensured that residents' rights to engage in meaningful activities was protected. The staff team were familiar with residents' wishes, their communication strategies and assessed needs of residents. An appropriately qualified person in charge was in post and facilitated the inspection.

Regulation 15: Staffing

The inspector found that the the number of staff on duty met the assessed needs of residents and ensured that residents rights were protected.

The inspector reviewed the actual and planned staff duty rota from 29th of June to 26 July 2025 This was well maintained and easy to read.

This supported that the provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. where a resident was displaying responsive behaviour in one of the houses at night time and this was affecting another resident an extra staff member was allocated and this resoled the issue

The person in charge explained and the rota supported that where they were staff vacancies these were covered by consistent agency staff. The inspector spoke to two staff on the day of the inspection one in each house. One of them confirmed that they were regular agency staff and while they had worked in Pine services for approximately six weeks. They had worked for the organisation for approximately 2.5 years. They displayed a good knowledge of the resident's needs. The other staff member had worked in the service for many years. This supported person centred care as consistent staff were aware of the meaning of residents' communication strategies, their assessed needs and their behaviour support plans. This assisted with allaying the anxiety of one resident accommodated. where extra staff were required due to the needs of residentsfor example when a resident was waking another resident at night by vocalisations an extra staff was put on night duty.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training including refresher training to meet the needs of residents.

While a training matrix supported that all staff had completed mandatory training, the person in charge could not easily retrieve the training certs of a sample of individual staff when requested for same by the inspector. At the feedback meeting senior management personnel including a representative from the training department explained that the training matrix was completed by the training department from the certification of staff attending and a sign in sheet. The area manager has forwarded information to the inspector post the inspection evidence that the training certification can be accessed on line by persons in charge.

All staff had undertaken safeguarding training on line and a schedule was in place for all staff to complete face to face safeguarding training. Staff had also had

undertaken specific training to meet the needs in addition to mandatory training. This included training on diabetes , safe management of epilepsy. This showed there was a learning culture which integrates learning into working practices and supports residents to receive specialist care and support that is person-centred. Where refresher training was required, this had been identified by the person in charge and staff had been listed to complete the training. Staff received supervision from the person in charge on a regular basis. This provided support to staff and allowed them time to discuss any areas of concern they may have.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that were generally good governance and management arrangements in place in the centre to ensure that a safe quality service was provided to residents and residents were happy living in the centre.

However document management required review. For example the inspector noted in minutes of staff meetings that a page had been removed out of the complaints log. While this was discussed at the staff meeting no corrective action plan was developed to ensure a review of best practice with regard to documentation management in all areas, no audit was completed of compliance with documentation broadly and no training was provided to staff to assist with the likelihood or reoccurance of this. Staff reported to the person in charge and the person in charge reported to the area manager and met with them regularly and all persons in charge of the regional area (known as Clonard services) met quarterly. These meeting provide support to the person in charge and also have an education/briefing component where any changes to policies or best practice guidelines are discussed.
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Inspector reviewed the most recent annual review which covered the period Jan to Dec 2024. This included views of the residents and their families. Six-monthly unannounced visits were also completed by a senior staff member independent of the centre and inspectors. Where deficits were identified they were actioned by the person in charge and were further discussed with the area manager. Audits completed included accident and incidents and medication management. An out-of-hours management on call rota was in place to provide support to staff out of hours. Details of this were displayed in the staff office. The person in charge confirmed that this worked well. Details of the confidential recipient were available to staff should they wish to raise concerns about care and support provided to residents. The staff members who met inspector confirmed to them that the person in charge was approachable and freely available and there was no barrier to raising concerns regarding residents care with them.

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of the service for residents who lived in the designated centre. Overall, the residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual assessed needs. The residents reported that they were happy and felt safe. They were making choices and decisions about how, and where they spent their time. The Inspector found that the service was person-centred and reflected the needs and wishes of the residents. The residents told the inspector that enjoyed their day- to- day activities and got on well with all the staff. There was a well completed comprehensive assessment of needs. Personal goals were identified and achieved.

The and premises provided a very nice home to the residents and were clean and well maintained.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of a personal intimate care plan to guide staff in the delivery of care. Additionally the centre had the ssupport of a designated safeguarding officer within the organisation and information regarding the contact details of the confidential recipient were displayed in the centre. One area relating to enhance self-protection for residents required review and this is include under regulation 8 Protection.

Regulation 10: Communication

The provider had made arrangements to ensure that residents were supported to communicate their needs and views.

The inspector reviewed the care records of two residents. A communication plan was in place for these two residents. These provided guidance to staff on how to support each resident to understand information and how to support the residents to make their views known. The speech and language therapist had been involved with staff in developing these plans. All residents have their own mobile phone. Another resident had a easy to use radio to assist them to be independent in using the radio.

Judgment: Compliant

Regulation 17: Premises

The premises provided a comfortable home to residents with adequate personal and communal space available.

The inspector observed that bedrooms were personalised and living areas were homely clean and bright with personal items of residents displayed. The houses are located at the end of a small well kept estate and there is a nice green area at the end and front of the houses. Garden furniture was available in this area. There were numerous beautiful flower pots to the from og the houses . There was good private garden space to the back of both houses.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Individual assessment and care planning was well managed in this centre .

The inspector reviewed two residents' personal plans. There was good background information available of the residents, which assisted staff with person centred care and a knowledge of as to the life of the resident to date. This meant that staff could chat with residents about their past lives and engage positively with them. Details of what the residents enjoyed, what upset the resident and how to manage this were detailed in personal plans. Goals were identified and there was evidence that these were achieved. Residents told the inspector about their goals and were proud of their achievements and complimentary of the help they got from staff. Completion of goals enhanced resident's enjoyment in life and gave them a sense of achievement. Family members were involved in annual reviews.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviour in a positive way.

The person in charge had ensured that staff had up- to- date knowledge and skills to respond to behaviour that is challenging. There was a comprehensive policy in place to guide and support staff in the management of restrictive practices. all staff had completed training on behaviour that is challenging.

There were three behaviour support plans in place and this inspection. reviewed two

of these . There was good access to specialist behaviour support services. Restrictive practices were in place in the centre. These related to a lap belt and a sensory mat. A restraint register was in place. There was evidence that restrictive practices were reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

The provider had put measures in place to protect residents from abuse, but one area that required review was enhancing the aspect of self protection for residents.

The designated safeguarding officers had completed an easy to read guide for residents which was very informative on what safeguarding meant and ways to self protect yourself. This guide included directions on how this should be used by key workers/staff, however when the inspector reviewed the enactment of this with the person in charge, they informed the inspector that safeguarding was discussed at the weekly residents meetings. On review of the minutes of these meetings there was some evidence that safeguarding was discussed however it did not reflect the importance of self protection and the full content of the easy to read guide.There were three safeguarding plans in place at the time of this inspection and the inspector did not observe any safeguarding issues throughout the inspection. The systems in place to protect residents included staff training, ensuring all staff were aware of the contact details of the designated officer and the confidential recipient and ensuring adequate staff were on duty.

Staff who spoke with the inspector stated that if they had a safeguarding concern they would report this to senior management and they were clear it was their responsibility to do this. The inspector reviewed the safeguarding policy on safeguarding residents and found that it was comprehensive and provided staff with knowledge of safeguarding issues and how to report safeguarding issues should these occur. The person in charge was aware that safeguarding concerns must be reported to the local HSE safeguarding team and they had done this in relation to the safeguarding plans that were that was in place at the time of the inspection. The person in charge confirmed that the provider had ensured that all staff had Garda Síochána vetting in place prior to commencement of employment.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents rights were protected and residents were involved in the running of the centre.

Through a review of documentation, discussions with residents and staff it was evident that staff listened to residents and encouraged and assisted residents to do the things they wanted to do. There was a positive attitude towards risk taking, For example one resident had organised a fund raising event, another was going to Lourdes later on in the summer, another worked part-time and another went for a walk independently most days. Staff told the inspector they were aware of the importance of residents having a good quality of life and ensuring that their voice was listened to. Residents told the inspector that staff assisted them and they were engaged in lots of activities.Regular residents meetings were occurring. From a review of some of the minutes of these meetings the inspector found that resident's decided on food planning and activities.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Pine Services OSV-0004460

Inspection ID: MON-0047420

Date of inspection: 07/07/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Quarterly staff team meetings are held within the Centre. Any follow up actions are addressed, recorded on the team meeting minutes and discussed at the next Team Meeting. -Complaints is a standardized item on the agenda. - Best practice with regards to documentation and in particular the complaints policy and procedures was discussed with the staff team since the date of this inspection. -All staff have been scheduled for Record Keeping training by December 2025. -A Quarterly Team leader Audit for the centre is completed with follow up actions outlined and a plan to address any actions.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Weekly house meetings are held with people supported. -A standardized template is followed at each meeting. -Safeguarding is a standing item on this agenda. -In consultation with the designated officer this template has been reviewed in line with the Safeguarding policy and the accessible information document- 'Safegaurding Information for People Supported'. -The definition of abuse is discussed at each meeting including further discussion on the types of abuse and different aspects of self-protection and safeguarding. -The Safeguarding Information Document for people supported is now included as part	

of the Best Practice safeguarding training delivered by the Designated Officers.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2025
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	31/07/2025