



# 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:	Short Notice Announced
Date of inspection:	23 March 2021
Centre ID:	OSV-0001756
Fieldwork ID:	MON-0032226

## 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

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
Tuesday 23 March 2021	09:45hrs to 13:10hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This was a centre that respected residents' individuality, capacities and capabilities. All efforts were made both by the provider and staff to ensure that this service provided residents with the care and support that they required.

Due to public health safety guidelines, for the purpose of this inspection, the inspector did briefly visit the centre to meet with residents and staff. The remainder of this inspection was then conducted with the person in charge in nearby offices.

Two residents lived at this centre and the inspector had the opportunity to meet briefly with one of them. This resident was relaxing in the sitting room watching television when the inspector arrived. They greeted the inspector and appeared very comfortable in their surroundings. A staff member who was on duty spoke with the inspector about this resident and their needs, including, arrangements in place to support this resident with their falls management and cognitive needs. This resident previously attended a day service in the local area and since the introduction of public health safety guidelines, the provider had commenced a day service for this resident in the comfort of their home, which the resident was responding very well to. Suitable staffing arrangements were put in place to facilitate this, which allowed for the resident to have one-to-one staff support during the day to take part in activities of interest to them. The inspector didn't get to meet with the other resident; however, the person in charge told the inspector that similar day care arrangements were put in place for this resident also. This resident had their own living space in the centre, comprising of their bedroom, sitting and bathroom. This resident liked to spend time in their own environment, which gave both residents an opportunity to have time independent of each other, if they wished.

Since the introduction of public health safety guidelines, much effort was made by staff to ensure residents still had meaningful activities to engage in. Due to the adequacy of staffing levels, both residents had one-to-one staff support during the day. During this time, they enjoyed going for drives and walks within their local area. In response to the cognitive needs of one resident, staff often used memory books and photos to re-orientate this resident to person, time and place. Both residents got on well together and had lived together for many years. The person in charge did speak to the inspector about the future needs of both residents and of the plans in place to provide both residents with their own living space. The provider had already submitted a business plan to seek funding for another house and were awaiting a response to this.

The centre comprised of one bungalow dwelling located on the outskirts of a town in Co. Mayo. Each resident had their own bedroom, shared bathrooms, kitchen, choice of sitting rooms, utility and large external garden area. As previously mentioned, one resident had their own area in the house comprising of their own sitting room, bathroom and bedroom. Photographs of various activities and events that residents attended over the years were displayed in the hallway and sitting rooms. The centre

was very clean, well-maintained, was nicely decorated and had a homely feel.

The staff working at this centre had supported these residents for a number of years and were very familiar with their needs, particularly in the areas of falls management, cognitive needs and behavioural and social support. The consistency in staffing levels that the provider had maintained for these residents meant that they were at all times supported by staff who knew them and their needs very well.

Overall, the inspector found this centre provided both residents with a very homely and caring environment to live in.

## Capacity and capability

This was a well-run and well-resourced centre in terms of staffing, transport and equipment. Suitable arrangements were also in place to ensure the quality and safety of the service delivered to residents was at all times monitored for improvement. Since the last inspection, the provider made improvements to areas such as staffing and behaviour support. However, this inspection did identify some minor improvement was still required to aspects of risk management.

The person in charge held the overall responsibility for this service and she was supported in her role by her staff team and line manager. She was regularly present to meet with staff and residents. She knew the residents very well and was also familiar with the operational needs of this service. She was often present to meet with staff and residents and her regular presence attributed greatly to the effective oversight of the quality of care delivered at this centre. She was responsible for another centre operated by this provider and current support arrangements gave her the capacity to also effectively oversee and manage this service.

This centre's staffing arrangement was subject to very regular review by the person in charge. In recent months, additional staff support was put in place to facilitate both residents to have their day service delivered to them in the comfort of their own home. These additional staff resources provided residents with one-to-one staff support during the day, which had a positive impact on their social care needs. Staff working at the centre had supported these residents for a number of years and were very familiar with the residents, particularly with regards to their communication and cognitive care needs. Since the last inspection of this centre, the provider had made improvements to the staff roster, ensuring it now clearly identified each staff member and their start and finish times worked at the centre.

The person in charge maintained very regular contact with her staff team. Due to public health safety guidelines, virtual team meetings were now taking place, which allowed for discussion about residents and their care needs to be continued. The person in charge also maintained regular contact with her line manager to discuss and review all operational matters. In conjunction with six monthly provider-led visits, the person in charge was also carrying out a number of regular audits of

areas such as, medication management, finances and personal planning. Where improvements were identified, action plans were put in place to address these.

There was a statement of purpose available at the centre and at the time of inspection, it was in the process of review to ensure it contained all information as required by Schedule 1 of the regulations.

#### Regulation 14: Persons in charge

The person in charge held the overall responsibility for this service and she was regularly present at the centre to meet with residents and staff. She was supported by her staff team and line manager in the running and management of this centre. She held strong knowledge of residents' needs and of the operational needs of the service delivered to them. She was responsible for another service run by this provider and effective arrangements were in place which gave her the capacity to also manage this service.

Judgment: Compliant

#### Regulation 15: Staffing

The centre's staffing arrangement was subject to very regular review, ensuring that all residents had access to the staff support that they required. Since the last inspection, the provider made improvements to the staff roster, ensuring it now clearly identified the names of staff and their start and finish times worked at the centre.

Judgment: Compliant

#### Regulation 23: Governance and management

This was a well-managed and well-resourced centre in terms of staffing, transport and equipment. The person in charge met with staff on a regular basis to discuss any issues arising. She also maintained regular contact with her line manager to review any operational related issues. Monitoring systems were in place, including internal audits and six monthly provider-led visits and where improvements were required, time bound action plans were put in place to address these.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available at the centre and this document was in the process of review at the time of this inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place to ensure that all incidents were reported, recorded and responded to in a timely manner. She had also ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

## Quality and safety

In response to the changing needs of these residents, residents were subject to regular re-assessment which meant that personal plans were updated, as required, to maintain staff informed of any changes to residents' care needs. Staff were very familiar with residents' care needs and ensured that residents received the care and support they required on a daily basis. Staff were also very responsive to residents' assessed health care needs. For example, one resident who required falls management, had a noted decline in the number of falls they were having in recent months. The person in charge told the inspector that through the trending of incidents, it was observed that these falls were largely attributed to fatigue that this resident was experiencing as a symptom of another health care need that they had. Since this resident commenced day services in their own home, this meant that they were doing so in an environment familiar to them and it also meant that they were still getting to engage in activities of interest to them, but at a slower pace. The effectiveness of this new arrangement had a noted impact on the reduction of falls experienced by this resident. However, the inspector did observe that this resident's falls risk assessment required further review and this was brought to the attention of the person in charge who was in the process of rectifying this by close of the inspection.

Effective fire safety precautions were in place, including, fire detection and containment arrangements, emergency lighting and regular fire safety checks were also carried out by staff. There were multiple fire exits available in this centre,

including, a fire exit which was available to one resident in their bedroom. Fire drills were regularly occurring and records of these drills demonstrated that staff could effectively support residents to evacuate the centre in a timely manner. The centre's fire procedure was prominently displayed, which clearly guided staff on what to do should a fire occur at the centre. Both residents had personal evacuation plans which clearly guided on the specific support each would require, should an evacuation of the centre be required.

Effective systems were in place for the identification, assessment, response and monitoring of risk at the centre. Where incidents occurred, these were subject to timely review, which meant that risk was quickly responded to. For example, in response to safeguarding related incidents that were previously reported, the provider put adequate arrangements in place which resulted in similar incidents from not re-occurring. The overall effectiveness of these measures were subject to continual review by the person in charge. Although the provider had made improvements to the assessment of risk at the centre since the last inspection, further improvement was still required to some organisational risk assessments. For example, although some organisational risks were subject to regular monitoring by the person in charge, supporting risks assessments required further review to ensure these supported her in this process, particularly with regards to risks relating to upcoming changes to residents' service provision, fire safety and safeguarding.

Where residents required behavioural support, the provider had ensured that effective systems were in place to support these residents. These residents were cared for by staff who knew them and their behavioural support needs very well, which meant that where changes to residents' behavioural support needs were required, staff were quick to identify and respond to this. For example, in recent months, changes were noted to the behaviours exhibited by one resident. In response to this, staff sought additional multi-disciplinary input which resulted in a reduction in the number of behavioural related incidents experienced by this resident. Clear behaviour support plans and risk assessments were also in place, which gave clarity to staff on the triggers, response and de-escalation techniques to be implemented to support this resident. There were some environmental restrictions in place and since the last inspection of this centre, the provider had made improvements to these to ensure all were supported by appropriate risk assessment and protocol. In addition, where restrictions were in place for one resident, the provider had put measures in place to ensure these restrictions did not impact on the rights of the other resident.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to maintain the safety and welfare of residents and staff. Regular temperature checks were occurring, social distancing was practiced and staff wore appropriate PPE when supporting residents. The provider had contingency plans in place in response to an outbreak of infection at this centre, which included arrangements should residents require isolation as well as the response to decreasing staffing numbers. At the time of inspection, these plans were in the process of further review to ensure additional clarity was given to staff on how they were to support these residents, should isolation be required.

## Regulation 26: Risk management procedures

Robust systems were in place to ensure that any risk at this centre was quickly identified and responded to. However, although organisational related risks were subject to regular monitoring, some improvement was required to associated risk assessments to ensure these adequately supported the person in charge in the monitoring of these risks.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider put a number of measures in place to protect the safety and welfare of all residents and staff. Contingency plans were in place to guide staff on what to do should an outbreak of infection occur at this centre. At the time of this inspection, the person in charge was in the process of reviewing these plans to ensure they provided additional clarity to staff on how to safely and effectively isolate residents, should this be required.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had effective fire safety precautions in place, including, fire detection and containment systems, regular fire safety checks, emergency lighting and multiple fire exits were also available at the centre. Fire drills were regularly occurring and records of these drills demonstrated that staff could effectively support residents to safely evacuate the centre in a timely manner.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Systems were in place to ensure residents' needs were subject to regular re-assessment. Clear personal plans were then put in place to guide staff on the specific supports that residents required.

Judgment: Compliant

### Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents received the care and support they required. All residents had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Since the last inspection, the provider made improvements to the arrangements in place to support the use of restrictive practices, ensuring these now had appropriate risk assessments and protocols in place. Where residents required behaviour support, the provider had ensured these residents had clear behaviour support plans in place to guide staff on how to support these residents. Behavioural related incidents were also subject to regular review and staff were supported by a multi-disciplinary team in supporting these residents, as and when required.

Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to ensure staff were supported in the identification, response, reporting and monitoring of any concerns relating to the safety and welfare of residents. There was a safeguarding plan in place at the centre and the person in charge had ensured all staff were effectively implementing these measures, which had a positive impact on ensuring the safety and welfare of these residents was maintained.

Judgment: Compliant

### Regulation 9: Residents' rights

This was a centre that promoted residents' rights in terms of choice, dignity and in accordance with their capacities. Residents were supported by staff to be as

involved in the planning of their day and in the running of this centre.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Orchard Grove Residential Service OSV-0001756

Inspection ID: MON-0032226

Date of inspection: 23/03/2021

## 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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Provider is satisfied that the reviewed Risk Registers and Risk Plan meets the requirements under the regulations.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	13/04/2021