



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

Issued by the Chief Inspector

Name of designated centre:	Pine Grove Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	27 July 2021
Centre ID:	OSV-0001782
Fieldwork ID:	MON-0033638

About the designated centre

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

Pine Grove Residential Service is a service run by Western Care Association. The centre is located near a town in Co. Mayo and provides residential care for up to five male and female residents who are over the age of 18 years and have an intellectual disability. The centre comprises of one premises, which provides residents with their own bedroom, shared communal areas and garden space. Transport arrangements are in place to ensure residents have regular opportunities to access the community and local amenities. 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:	5
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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
Tuesday 27 July 2021	10:05 amhrs to 2:40 pmhrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the health and well-being of residents was promoted, and that care was provided in a person-centred manner.

The purpose of this inspection was to monitor compliance with the regulations. The inspector had the opportunity to briefly meet with one of the residents who lived at this centre; however, due to their communication needs, they were unable to engage directly with the inspector about the care and support that they receive. For the duration of this inspection, this resident was being supported by staff to have their day service in the comfort of their own home. The other four residents who live at this centre had already left for their day service by the time the inspector arrived to the centre. The inspection was facilitated by the person in charge, who spoke at length with the inspector about the assessed care and support needs of each resident.

The centre comprised of one bungalow dwelling located a few kilometres from a town in Co. Mayo. Residents had their own bedroom, shared bathrooms, sitting room, kitchen and dining area, utility, quiet room, staff office and large garden area. Prior to this inspection, the provider had completed a number of internal upgrade works to the centre and the person in charge told the inspector of future plans to complete similar upgrade works to the garden. The internal works recently completed to the centre included, new floors, a new front door, re-decoration works, renovation of an existing bathroom and tarmac to the external grounds. The centre was nicely decorated, spacious and had a welcoming feel to it. Residents' bedrooms were personalised to their own individual tastes and interests and a photo roster was displayed in the main hallway to let residents know what staff members were on duty that day and night.

Many of the residents living in this centre had assessed communication and behavioural support needs. The provider was very responsive to this, ensuring that residents were at all times supported by staff who knew them and their assessed needs very well. The person in charge told the inspector that these residents led very active lifestyles, with many of them enjoying eating out, going swimming, going for walks, gardening and watching mass and sport on television. All residents attended day services, with some residents being facilitated to do so in the comfort of their own home. The quality of the social care that these residents received was largely attributed to the adequacy of the centres' staffing and transport arrangements. Due to the assessed needs of residents, the person in charge also spoke of the importance of activity planning for each resident to ensure adequate staffing resources were available to bring them to activities of their choice. Prior to the introduction of public health safety guidelines, the person in charge told the inspector that some residents enjoyed trips home to family and friends. In recent times, these visits had recommenced and the person in charge reported that these were going very well and were maintained under review to ensure the safety and

welfare of all residents.

Although many residents had assessed communication needs, all efforts were made by staff to ensure residents were as involved as possible in the running of their home. This was mainly done through ensuring staff working with these residents, understood residents preferred communication styles so that their wishes could be interpreted. Continuity of care was paramount in this centre, with many staff working with these residents for a number of years. The person in charge told the inspector that additional staff were in the process of being recruited for the service. In preparation for these staff members commencement, a robust induction programme was in place to enable these staff members to get to know the residents and their assessed needs prior to working directly with them. Plans were in place to ensure that this induction process would be overseen and monitored by the person in charge to ensure no disruption to residents' care and preferred routines.

Overall, this service was found to promote person-centred care where residents' individual interests, capacities and preferences were considered by staff on a daily basis to ensure residents led the lifestyles that they wished to lead. The next two sections of this report present the inspection findings in relation to capacity and capability and quality and safety of care.

Capacity and capability

This was a well-run and well-managed centre that ensured residents received a good quality and safe service. Although the provider was found to be in compliance with many of the regulations inspected against as part of this inspection, some improvement was identified to aspects of risk management, fire precautions, medication management, health care and behaviour support.

The person in charge held the overall responsibility for this service and he was regularly at the centre, which meant he regularly met with staff and residents. He was very knowledgeable of the residents' needs and of the operational needs of the service delivered to them. He was supported by his staff team and line manager in the running and management of this centre. He held responsibility for another centre operated by this provider and current support arrangements gave him the capacity to also effectively manage the service.

This centre's staffing arrangement was subject to regular review to ensure an adequate number and skill-mix of staff were at all times on duty to meet the needs of residents. At the time of this inspection, the person in charge informed the inspector that the provider was in the process of recruiting additional staffing resources for this centre. In the interim, a relief panel was recently made available to the service to support the centre's current staffing arrangement. Staff working at this centre had done so for quite some time, which had a positive impact for residents in ensuring they received continuity of care. All staff received regular supervision from their line manager, which gave staff an opportunity for personal

development. Training arrangements were also in place, ensuring staff had access to the training they required suited to their role. However, at the time of this inspection, up-to-date training in the safe administration of medicines was required for some staff members.

The provider had ensured that this centre was adequately resourced in terms of transport, staffing and equipment. The person in charge held regular meetings with his staff team, which meant resident-related care issues were regularly discussed. He was also in regular contact with his line manager to review operational related matters. The oversight of the quality and safety of care in this service was largely attributed to the regular presence of the person in charge at the centre as it gave him the opportunity to regularly observe care practices and to engage with staff regarding any concerns arising relating to residents' care. Six monthly provider-led audits were also occurring in line with the requirements of the regulations and various other internal audits were completed on a regular basis, with action plans put in place to address any areas of improvement. However, although these monitoring systems were in place and regularly implemented, some required review to ensure their overall effectiveness in identifying specific areas of improvement required within this service. For example, although medication management was subject to regular auditing, this monitoring system failed to identify the deficits in prescribing practices as identified in this inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had satisfactorily submitted an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time position and was regularly present at the centre to meet with staff and residents. He had good knowledge of residents' needs and of the operational needs of the service. He was responsible for another centre operated by the provider and current arrangements supported him to have the capacity to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to support residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were subject to regular supervision from their line manager. Although the provider had arrangements in place to ensure staff had access to the training they required suited to their role, refresher training was required for some staff members with regards to the safe administration of medicines.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge regularly met with staff to discuss residents' care and also maintained regular contact with his line manager to review any operational issues. Although there were monitoring systems in place to review the quality and safety of care in this centre, some of these required review to ensure their effectiveness in identifying specific improvements required within this service.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had an effective system in place to ensure all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

This centre was operated in a manner that was very respectful of residents' assessed needs, interests and capacities. Residents' assessed needs were

paramount to the many systems and practices that the provider had put in place, ensuring they received the type of service and care that they required.

The centre comprised of one bungalow dwelling located a few kilometres from a town in Co. Mayo. Here, residents had their own bedroom, shared bathrooms, dining and kitchen area, utility, sitting room, quiet room, staff office and large garden area. Prior to this inspection, some internal upgrade works had been completed to the centre and the person in charge told of future plans to complete similar upgrade works to the external grounds. This centre was homely, was nicely furnished and provided residents with a comfortable living environment.

The provider had systems in place for the identification, response, assessment and monitoring of risk. The timely identification of risk was largely attributed to the centre's incident reporting system and regular trending of these incidents by the person in charge. An escalation pathway was also available to the person in charge, ensuring senior management were aware of escalating risks in the centre and the inspector observed times where this was appropriately implemented by the person in charge. Although risk was quickly identified and responded to in this centre, some improvement was required to supporting risk assessments to ensure these gave better clarity on hazard identification, of the specific controls that the provider had put in place in response to these risks and accuracy in the risk-rating of risks which were effectively responded to by the provider. Furthermore, although organisational risk was subject to very regular review by the person in charge, a review of supporting risk assessments was also required to ensure these adequately supported him in this process, particularly in the areas of fire safety, staffing levels and risks relating to staff injury.

The provider had robust systems in place to ensure residents' needs were subject to regular re-assessment and that changes were made to care interventions, as and when required. Where residents had assessed health care needs, the provider had ensured these residents received the care and support they required, with residents also having access to a wide variety of allied health care professionals. Although staff were very knowledgeable and responsive to residents' health care needs, some improvement was required to the protocols in place for those prescribed emergency medicines, to ensure additional clarity was afforded to staff on how to respond should a resident have a seizure. In addition to this, the inspector observed that these residents required such emergency medicines to be administered on the onset of a seizure. Although these residents had not yet required this emergency medicine, they were subject to regular staff supervision. However, the inspector observed that additional arrangements were required to ensure consistency in the supervision arrangements in place for these residents to ensure staff would be alerted in time to administer the emergency medicine on the onset of a seizure, in accordance with protocol. Furthermore, some personal plans relating to residents' health care needs required further review to ensure these clearly reflected the specific care that residents received from staff on daily basis, particularly in the areas of catheter care and neurological care.

The provider had procedures in place for the prescribing, administration and storage of medicines at this centre. However, during the review of some prescribing records,

the inspector observed that some improvement was required to ensure that the prescribing of as-required medicines included the indications and contraindications for use.

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting, fire safety checks and all staff had received up-to-date training in fire safety. Regular fire drills were occurring and records demonstrated that staff could evacuate all residents in a timely manner. A waking staffing arrangement was also in place at night, meaning that should a fire occur, staff were available to quickly respond. In addition to this, multiple fire exits were also available throughout the centre. Although there was a fire procedure available at the centre, it required further review to ensure it gave clarity to staff on what to do, should a fire occur at the centre. Furthermore, even though evacuation plans were in place for each resident, these also required additional review to give better clarity on the specific supports some residents required in the event of an evacuation.

Where residents required behavioural support, the provider ensured that adequate systems were in place to ensure these residents received the care and support they required. In response to some behavioural-related incidents that had recently occurred at the centre, the person in charge had reviewed the nature of these incidents and put additional measures in place to prevent similar incidents from re-occurring. Although staff were very aware of how to support residents with their behavioural support needs, a review of some residents' behavioural support plans were required to ensure these reflected the specific daily interventions implemented by staff to support these residents. There were some restrictive practices in use at the time of this inspection and these were subject to regular multi-disciplinary review. However, some improvement was required to the protocols in place supporting the use of chemical restraint to ensure these gave clearer guidelines to staff on their appropriate application in practice.

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the welfare and safety of staff was maintained. Contingency plans were also in place, should an outbreak of infection occur at this centre and these plans were under regular review by senior management.

The provider had arrangements in place to ensure the safety and welfare of residents was protected. There were no safeguarding concerns in this centre at the time of this inspection.

Regulation 26: Risk management procedures

The provider had systems in place to identify, respond, assess and monitor risk in this centre. However, some improvement was required to some risk assessments to ensure these gave clear hazard identification, identified specific controls that the provider had put in place in response to risk and to ensure the overall risk-rating

adequately reflected the positive impact that these measures had on mitigating against the risk. Furthermore, although the person in charge was regularly monitoring operational risks specific to this centre, supporting risk assessments required review to support him in this process, particularly in areas such as fire safety and staffing levels.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the welfare and safety of staff was maintained. Contingency plans were also in place, should an outbreak of infection occur at this centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, regular fire safety checks, adequate emergency lighting and clear fire exits. Fire drills were occurring on a regular basis, demonstrating that staff could support residents to evacuate this centre in a timely manner. Although there was a fire procedure available at the centre, it required further review to ensure it gave additional clarity to staff on how to respond in the event of fire. Furthermore, residents' personal evacuation plans also required review to ensure these gave adequate guidance to staff on the specific supports some residents required in the event of an evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place for the safe administration of medicines at this centre. However, a review of some prescription records was required to ensure these clearly identified the indications and contradictions for use, particularly with regards to as-required medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Robust systems were in place to ensure residents' needs were regularly assessed, ensuring any changes to residents' care needs were quickly identified and responded to.

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 that they required. However, some improvement was required to some personal plans to ensure these clearly identified the specific care interventions implemented daily by staff, particularly in the areas of neurological care and catheter care. Furthermore, where residents were prescribed emergency medicines in response to their health care needs, protocols supporting this process required additional review to ensure these gave clarity to staff on their appropriate use. In addition, additional arrangements were required to ensure consistency in the supervision arrangements in place for these residents to ensure staff would be alerted to administer emergency medicine in accordance with protocol.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured these residents received the care and support that they required. However, improvement was required to some behaviour support plans to ensure these clearly guided on the specific proactive and reactive strategies implemented by staff on a regular basis to support these residents. There were restrictive practices in place and these were regularly subject to multi-disciplinary review. However, the protocols in place for the use of some chemical restraint required review to ensure additional clarity with regards to the appropriate application in practice.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had arrangements in place to ensure the safety and welfare of residents was protected. There were no safeguarding concerns in this centre at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre. Residents were looked after by staff who knew them very well and much effort was made to ensure these residents led very meaningful lifestyles, in accordance with their interests and capacities.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Pine Grove Residential Service OSV-0001782

Inspection ID: MON-0033638

Date of inspection: 27/07/2021

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: The staff member in question has been nominated for refresher training in medication. This will completed by 20.9.21	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Audits processes and quality assurance mechanisms will be reviewed within the service to ensure they are more targeted to specific risks identified within the service and the specific needs of the service	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures:	

<p>The provider will undertake a thorough review of all risk management systems within the service including fire safety, emergency management and risk related staff injury.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider will undertake a review of the Centre's Emergency Evacuation Plan, as well as each Personal Evacuation Plan outlining clearly the specific supports required for each individual. This guidance will be made readily available to staff to use in the event of a fire.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The catheterization care plan for one individual will be reviewed to ensure further clarity on the management of the catheterization process.</p> <p>The epilepsy risk management plan for one individual will be reviewed to ensure staff are aware and available to respond to any incidence of seizure activity</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The behaviour support plan for one individual will be reviewed by the person in charge and BSS to provide more clarity to staff in how to support the individual regarding behaviours of concern. This will include the development of a PRN protocol for the administration of PRN psychotropic medication.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	20/09/2021
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	20/09/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	13/08/2021

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	13/08/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	13/08/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	20/09/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is	Substantially Compliant	Yellow	05/09/2021

	challenging and to support residents to manage their behaviour.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	05/09/2021