



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:	Announced
Date of inspection:	15 September 2021
Centre ID:	OSV-0004460
Fieldwork ID:	MON-0033907

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 and respite service, which is run by the Brothers of Charity Services Ireland. The centre provides accommodation and respite support for nine male and female adults over the age of 18 years, with an intellectual disability. The centre comprises of three bungalows, two of which are located in a village in Co. Roscommon and one which is located on the outskirts of a town 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:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 September 2021	11:00hrs to 18:25hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to residents.

Due to COVID-19 infection control precautions, the inspector limited the time spent in the communal areas of the centre during the inspection. To reduce infection control risk most of the inspection was carried out in rooms which were not being used by residents at the time.

The inspector met with residents who were happy to talk to the inspector about living in the centre. Residents said that they were very happy living in the centre and enjoyed their lives there. These residents said that they had good involvement in the community and referred to some of the social and leisure activities that they took part in and enjoyed. These residents said that they enjoyed going out for meals and coffee, gardening and projects in the centre, outings, concerts and music events when these were permitted, sport and walks. All residents stated that they could do the things that they enjoyed. For example, one resident was knitting a blanket which was shown to the inspector, another was heading off to the post office to send a card to a loved one, and another resident brought the inspector to the garden to see the flowers and vegetables that had been grown and a colourful wall mural that had been painted during the summer.

Both houses in the centre were centrally located, and town and village facilities were nearby. Transport was available so that residents could go out for drives, shopping, family visits and to attend local amenities. The centre was clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was Internet access, television, games, and music choices available for residents. There was adequate communal and private space for residents, well-equipped kitchens and sufficient bathrooms. All residents had their own bedrooms and those that the inspector saw were comfortably decorated, suitably furnished and equipped and personalised. One resident proudly showed the inspector their bedroom which had recently been fully redecorated. The room was furnished and fitted to a high standard. The resident explained that they had chosen all the décor, lighting and soft furnishing and was delighted with the end result.

The centre had spacious gardens for residents' use. Residents were very interested in outdoor activities and projects in the garden such as growing flowers, fruit and vegetables, painting murals on the garden walls and maintaining the bird feeders. During the COVID-19 pandemic residents had focused on a wide range of creative work, both indoors and outdoors, and they were very proud of what they had achieved. Some pandemic activities that residents had been involved in included making Easter cards for their families, teapot painting, flower arranging, going for walks and feeding ducks and creative artwork. Residents had planted and cared for

a selection of potted flowers and window boxes to decorate the outside of the house. Some residents had taken part in a sunflower competition through which they had grown and displayed their own sunflowers. Another project that some residents took part in and enjoyed was 'Marathon in a month' during which they each walked the distance of a marathon within a month. Residents were also involved in housekeeping tasks, such as laundry, sweeping and food preparation.

Residents told the inspector that they had good relationships with staff and with other residents in the centre, and this was evident during the times the inspector spent in the centre. Residents knew that if they had any complaints or concerns, they could tell staff and it would be addressed. Residents also said that they enjoyed their meals and that food was bought and prepared in line with their preferences and some residents explained how they were involved in food preparation.

The inspector observed that residents appeared at ease and comfortable in the company of staff and with each other. Staff were observed spending time with residents, discussing daily activities and supporting their wishes. Observations and related documentation showed that residents' preferences were being met. Residents were involved in activities such as listening to music, going outdoors for walks, gardening, creative projects, family visiting, household tasks and tabletop games.

From observation in the centre, conversations with residents and staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, and were busy with activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the well being, social preferences, independence and quality of life of residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, and that residents' quality of life was well supported. The provider, management team & staff were particularly focused on maximising the independence of residents. There were strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this. However, the provider was required to review weekend staffing arrangements and to make minor amendment to the statement of purpose. The provider was also requested to review fire containment measures in part of the centre to establish if they were effective and safe.

The service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. Comprehensive unannounced audits were being carried out twice each year on behalf of the provider. Action plans had been developed based on the finding of these audits.

There was a suitably qualified and experienced person in charge who knew the residents and their support needs. It was clear that residents knew, and got on well with, the person in charge. The person in charge also worked closely with the wider management team. The arrangements to support staff were effective. There were clear arrangements in place to support staff during the absence of the person in charge. At night time and weekends a senior manager was on call to support staff.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included ongoing maintenance and upgrade of the centre and transport vehicles. The provider had also ensured that the centre was suitably insured and that staff were appropriately trained.

Staffing arrangements in the centre required review to establish if the current staffing levels were adequate. During the inspection, it was observed that residents were well supported by staff during the daytime which enabled them to take part in activities that they enjoyed. However, rosters indicated that there were reduced staffing levels at weekends and in the evenings. This presented a risk that residents might not be able to take part in activities and interests that they enjoyed if there were not sufficient staff to support them at these times. It was raised in resident feedback questionnaires that there were not enough staff to support residents with personal care and going out, especially at weekends.

Staff had received training relevant to their roles, such as training in medication management and epilepsy care in addition to up-to-date mandatory training in fire safety, behaviour management and safeguarding. Staff had also attended additional training in various aspects of infection control in response to the COVID-19 pandemic.

Records viewed during the inspection, such as staff training records, personal plans, healthcare plans, and COVID-19 and infection control systems, were informative and up to date. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up to date. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time. The person who filled this role had the required qualifications and experience, and was very knowledgeable regarding the individual needs of residents.

Judgment: Compliant

Regulation 15: Staffing

Planned staffing rosters had been developed by the person in charge. Overall, there were adequate staff allocate to support residents on weekdays. However, weekend staffing arrangements required review to establish if they were sufficient to ensure that residents could take part in activities of their choice on Saturdays and Sundays.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other relevant training.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records were well maintained and kept up to date. Documents viewed during the inspection were clear, well recorded and were suitably stored.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

there were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents. However, there was some minor adjustment required to the statement of purpose to meet all the requirement of the regulations. The statement of purpose was being reviewed annually.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector.

Judgment: Compliant

Quality and safety

Staff in this service were very focused on maximising the independence, community involvement and general welfare of the residents who lived there. The provider's practices ensured that residents' well-being was promoted at all times and that they were kept safe. The inspector found that residents received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

The centre was warm, clean, comfortable and suitably furnished and suited the needs of residents. The centre comprised two houses, one in a residential area close to rural town and two adjoining houses in a small estate in a nearby village. All houses were spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. There were well-equipped kitchens, adequate communal and private space and large, well-maintained, gardens. There were suitable facilities available for residents if they wished to do their own laundry.

The person in charge and staff prioritised the general welfare and development of residents. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The residents liked to be involved in housekeeping and creative tasks.

Personal planning arrangements ensured that each residents' needs were subject to regular review both annually and more frequently if their needs changed. Recommendations from annual reviews and multidisciplinary supports were included in residents' personal plans to ensure a consistent approach to supporting their needs. Residents' personal plans were also formulated in an accessible version to increase residents' knowledge and understanding of these plans. Residents' social, health and developmental needs were identified and suitable supports were in place to ensure that these were met. The inspector could see that residents were out and about in the community, and they confirmed that they enjoyed this.

The provider had ensured that residents had access to medical and healthcare services to ensure that they received a good level of healthcare. All residents had access to a general practitioner (GP) and attended annual health care checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were supplied by the provider. Other services, such as chiropody, dental and optical services, were arranged. Plans of care for good health were developed for residents which identified their specific care needs. This ensured that residents' requirements for good health were identified, and that plans were in place to ensure that this care was appropriately delivered.

Residents' nutritional needs were also well met. Residents chose their own food, those who wished to took part in food shopping and preparation. Suitable foods were provided to suit residents' preferences and needs.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including effective measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents'

temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

Overall, the provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire fighting extinguishers and the fire alarm system. Staff also carried out a range of fire safety checks. Fire evacuation procedures were displayed in each house, staff had received fire safety training and effective fire evacuation drills involving residents and staff were carried out. However, the effectiveness of some fire safety measures were unclear and required review. All bedrooms had fire doors for the containment of fire and smoke. However, in one house, the smoke seal on a door had been painted over and some internal doors were not fire doors. The provider was asked to have these arrangements assessed by a competent person to establish if they presented any risk to the safety of residents.

The management team had taken measures to safeguard residents from being harmed or from suffering abuse. There was a policy and all staff had received safeguarding training. This ensured that staff had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect.

Information was supplied to residents in a suitable format that they could understand. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents.

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims of the service and suited the number and needs of residents. The centre was well maintained, clean, comfortable and suitably decorated.

Judgment: Compliant

Regulation 18: Food and nutrition
Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Suitable foods were provided to suit residents' preferences and needs.
Judgment: Compliant
Regulation 20: Information for residents
There was an informative guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-to-read format.
Judgment: Compliant
Regulation 27: Protection against infection
There were suitable measures in place to control the risk of COVID-19 infection in the centre.
Judgment: Compliant
Regulation 28: Fire precautions
Overall, the provider had ensured that there were strong measures were in place to protect residents and staff from the risk of fire. However, fire containment measures in the centre required review to establish their effectiveness. The smoke and fire containment seal on one door had been painted over, and some internal doors between were not fire doors. The provider was asked to have these arrangements assessed by a competent person to establish if they were sufficient to safeguard residents from the risk of fire.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out and individualised personal plans had been developed for residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and consultants. Care plans for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Pine Services OSV-0004460

Inspection ID: MON-0033907

Date of inspection: 15/09/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Additional support to staff has been put in place for each Sunday. On Saturday staff across the designated center will liaise to ensure all people support within this center will have opportunity and access to activities over the weekends they remain in the center. This is currently in place.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been amended to meet with all regulations.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A competent person has reviewed the containment strip which was painted over and this will be replaced. An additional fire door will be fitted to provide additional safety to people supported in one service of the designated centre. This will be completed by December 15th 2021.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	18/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/12/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	23/10/2021