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## Pinewood Lodge, OSV-0005551, 30 April 2019

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## Office of the Chief Inspector

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

Name of designated centre:	Pinewood Lodge
Name of provider:	Dundas Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	30 April 2019
Centre ID:	OSV-0005551
Fieldwork ID:	MON-0022027

## About the designated centre

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

The centre is located a short distance from a town in county Meath. It aims to provide a residential service for adults both male and female over the age of 18 years diagnosed with intellectual disabilities, autism, acquired brain injuries and who may also have mental health difficulties. It is the aim of the service to promote independence and to maximise quality of life through person centred principles within the framework of positive behaviour support. The centre is a two storey detached building consisting of 6 bedrooms, 1 of which has an en-suite. There is a kitchen, 3 communal recreational rooms, 2 bathrooms and 1 wc.

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

Number of residents on the date of inspection:	6
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## 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 - 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
30 April 2019	11:30hrs to 19:00hrs	Andrew Mooney	Lead

## Views of people who use the service

The inspectors judgments in relation to the views of the people who use the service, relied upon meeting with 6 residents briefly, observing residents, and reviewing documentation including the complaints register. In response to the assessed need of residents, the inspector didn't spend extended periods of time interacting with residents.

The residents that spoke to the inspector appeared very happy in their home. They were engaged in meaningful activities within their community and were supported to attend events of their choosing. Residents were supported to maintain relationships with their friends and family, this included family members visiting regularly and residents being supported to visit relatives.

However, recent incidents in the house had upset two residents. Two residents had raised concerns with the management within the centre. Furthermore, a resident told the inspector that they no longer wanted to live in the centre. This had been communicated to the management and the resident was satisfied with the steps the provider was taking. In the days after the inspection the provider confirmed suitable alternative living arrangements had been found and that an accelerated transition had been conducted.

## Capacity and capability

Overall, the registered provider and person in charge were ensuring a good quality and safe service for residents in the centre. Care and support was found to be person-centred and in line with individual choices, needs, and wishes.

A statement of purpose was in place and it accurately described the designated centre's aims and objectives and the services provided. A copy of the statement of purpose was available to residents and their representatives.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre. The provider demonstrated that they had the capacity and capability to respond to adverse incidents. This was demonstrable through timely reviews of critical incidents, the escalation of risk to the appropriate management level and a

proactive approach to support residents with their concerns.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who lived in the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. The inspector observed staff interacting in a very positive way with residents. However, from a review of staff rosters the inspector identified a small number days where there was not a full staff complement available within the centre. This was discussed with the provider and the provider outlined that these lower than usual staffing arrangements were the result of unexpected staff leave. Furthermore, the centres planned and actual roster required some improvement, to ensure they were maintained accurately.

There was an effective complaints procedure in an accessible format available to residents and their representatives. Complaints were managed in a timely manner and were used to make improvements in the service provided. The inspector was made aware that there had been two very recent complaints made by residents. These complaints had been documented and appropriate responses to these complaints were being implemented.

### Regulation 15: Staffing

Staff had the right skills, qualifications and experience to meet the assessed needs of residents. However, at times there were insufficient contingencies in place to cover staff sick leave. Additionally, the maintenance of the staff rota required some improvement, as it wasn't always clear how many staff had been working and staff full names were not always clearly recorded.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was in place, was updated as required and was available

to residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were documented and resolved in a proactive and timely manner.

Judgment: Compliant

## Quality and safety

There were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things went wrong.

The inspector completed a walk through of the centre and found the physical environment was clean and kept in good structural and decorative repair. Residents bedrooms were personalised to their tastes and there was suitable storage facilities available for the personal use of residents. The communal areas within the designated centre were suitably decorated and this contributed to a warm and homely feel to the centre.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre. However, a part of the building was not adequately subdivided with suitable fire resistant construction.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. However, the maintenance of this documentation required improvement. As it was not always clear when goals were achieved or when and why they may have been discontinued.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centres policy.

The provider had put systems in place to promote the safety and welfare of the residents. The centre had a risk management policy in place for the assessment, management and on-going review of risk. This included a location-specific risk

register and individual risk assessments which ensured risk control measures were relative to the risk identified. This enabled residents to live full lives without undue restriction. Any incidents that did occur were reviewed for learning and where appropriate additional control measures were put in place to reduce risk.

Appropriate supports were in place to support and respond to residents' assessed support needs. This included the on-going review of behaviour support plans. Staff were very familiar with residents needs and any agreed strategies used to support them.

### Regulation 13: General welfare and development

Residents had opportunities to partake in meaningful activities but there were gaps in the maintenance of some documentation.

Judgment: Substantially compliant

### Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. The premises had adequate private and communal accommodation.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There was adequate means of escape, including emergency lighting. However, the building was not adequately subdivided with suitable fire resistant construction. Despite the utility room having a fire door, there were windows in this room that opened into the conservatory, and these were not constructed with fire resistant materials.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents who are at risk from their own behaviour. Where required, therapeutic interventions were implemented with the informed consent of each resident.

Judgment: Compliant

### Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse.

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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Pinewood Lodge OSV-0005551

Inspection ID: MON-0022027

Date of inspection: 30/04/2019

## 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:

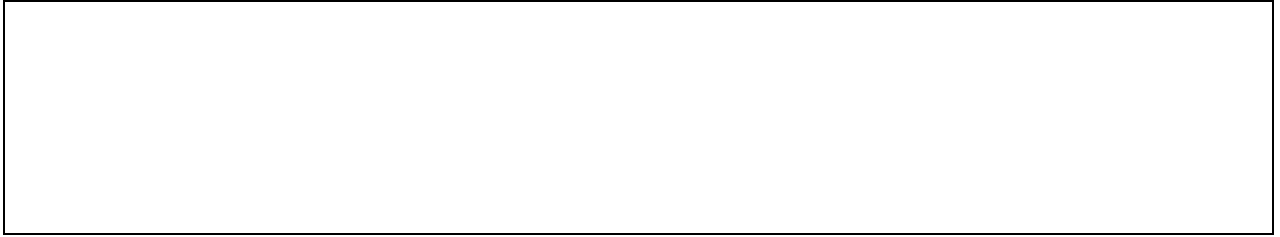
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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: PIC and Team Lead will ensure that full names, relief and any additional staff are clearly recorded on the roster and the roster is well maintained. Two named relief staff are available for sick leave.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development: Additional training will be available and provided to all staff to attend regarding maintaining documentation of meaningful activities engaged in by residents and the monitoring of same.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Windows to be replaced to fire resistant windows in the downstairs toilet and utility room</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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/06/2019
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	07/05/2019
Regulation 15(4)	The person in charge shall ensure that there	Substantially Compliant	Yellow	01/05/2019

	is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2019