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Pine Services, OSV-0004460, 26 November 2020

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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:	Short Notice Announced
Date of inspection:	26 November 2020
Centre ID:	OSV-0004460
Fieldwork ID:	MON-0031111

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 ten 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 and shared 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:

9

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
Thursday 26 November 2020	10:00hrs to 16:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This centre comprised of three houses and the inspector met and spoke directly with five residents from two of the houses to gather their feedback on the service provided. A small sample of written feedback about the service from family representatives was also reviewed.

On arrival to the first house, the inspector observed that it was spacious, warm, welcoming with a homely atmosphere. Residents were engaged in activities of their choosing such as making Christmas cards and other table top activities with the support of staff. One resident told the inspector that they liked their home and liked living there. This resident was a talented keyboard player and played a number of Christmas songs over the course of the inspection process. The house was decorated to take the individual likes and preferences of the residents into account. For example, pictures of family members were on display in the sitting room as were ornaments that the residents had designed. Staff were observed to be professional and person centred in their interactions with the residents.

The second house that comprised this centre was next door to the first one. The inspector did not enter this house but spoke with residents in their front and back gardens while social distancing. This house was a semi-independent living unit and residents reported that they loved their home and felt safe there. Residents also said they would speak to a staff member if they had any concerns about any issue. A number of control measures were in place to promote their safety in their home such as a monitored door bell and a call system (to contact next door) and one resident showed the inspector how to use these devices.

Over the course of the summer months residents decided that they would like to upgrade their garden and took on a garden project, with the support of staff. Residents were keen to show the inspector this work and it was observed that the back garden had been beautifully redecorated and the boundary walls painted with murals by the residents. These murals added color, vibrancy and character to the garden area and residents had very much made this space their own.

Both houses were in very close proximity to the town and residents were known and involved in their local community. Some residents walked into town themselves and took necessary precautions when doing so, ensuring too wear a face mask. They were also involved in local charity events including the tidy towns programme and this year, residents were involved in the decorating of the community Christmas tree. They had already made a number of beautiful Christmas tree decorations for this event and showed the inspector some of this work.

While access to a number of community based amenities had been curtailed due to COVID-19, staff supported residents to engage in a number of initiatives which ensured they continued to have opportunities to engage in meaningful activities. For example, some residents were involved in online exercise programmes, others had

undertaken certified programmes of learning with Trinity College while some engaged in arts and crafts activities. Residents were also supported to maintain regular contact with family members via phone and online video calls. A small sample of written feedback on the service also informed the inspector that family members were satisfied with the service provided to the residents.

The inspector observed that residents were very much at ease in the company and presence of staff and staff were seen to be professional, warm, caring and respectful in their interactions with resident throughout the inspection process. From speaking with two staff members, the inspector was assured they were familiar with the assessed needs of the residents.

Capacity and capability

Residents appeared very happy and content in their home and systems were in place to ensure they experienced a good quality of life based on their interests, preferences and talents. However, issues were found with the staffing arrangements and a more minor issue with the governance and management arrangements.

The centre has a management structure in place which was responsive to residents' needs and feedback. There was a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full time basis in the centre and was supported in their role by the residential services manager and an area manager.

The person in charge was a qualified professional and provided good leadership and support to their team. They also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred service to the residents. Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to meet the assessed needs of the residents. A sample of staff files viewed also demonstrated that they had undertaken a suite of in-service training including safeguarding of vulnerable adults, children's first, fire training, manual handling, infection control and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable manner. It was observed that some refresher training was due at the time of this inspection, however; this was largely due to the current COVID-19 pandemic and the person in charge had plans in place to address this in early 2021.

While staff were found to be responsive to, and aware of, the needs of the residents, the staffing arrangements across the centre required review. For example, it was observed that there was only one staff member on duty from Friday evening to Monday morning in one house that comprised this centre. This meant that over the weekend period, individualised recreational and community based activities were restricted, as two of the three residents living in this house required staff support and supervision at all times. In another house, the inspector

observed that a number of minor peer to peer related incidents had occurred between two residents. Some of these issues were occurring at times when staff were busy tending to the needs of other residents. The inspector also noted that some of these incidents had not been reported to the Health Information and Quality Authority (HIQA) as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

The person in charge and residential services manager ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Such audits were ensuring the service remained responsive to the needs of the residents. For example, a recent audit identified that some documentation in the centre required review and updating. This work had been completed (or was in the process of being completed) by the time of this inspection. However, an issue regarding the availability and provision of suitable transport for the residents was on-going at the time of this inspection and had not been addressed in a timely manner by the provider.

Overall, from spending time with and speaking directly to the residents and from speaking with management and staff during the course of this inspection, the inspector was assured that residents were very happy in this service and staff were knowledgeable on and responsive to their needs. However, the staffing arrangements required review as did an issue regarding the availability of adequate transport to the residents.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified professional with experience of working in and managing services for people with disabilities.

Judgment: Compliant

Regulation 15: Staffing

While staff were found to be responsive to and aware of the needs of the residents, the staffing arrangements across the centre required review.

Judgment: Not compliant

Regulation 23: Governance and management

The person in charge and residential services manager ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Such audits were ensuring the service remained responsive to the needs of the residents. However, an ongoing issue regarding suitable transport for the residents had not been addressed in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. It accurately described the service that will be provided in the centre and the person in charge was aware of their legal remit to review and update the statement of purpose as required by the regulations

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector observed that a number of minor peer to peer related incidents had occurred between two residents when staff were tending to the needs of other residents. While this issue was being responded to under positive behavioural support plans, some of these incidents had not been notified to the Health Information and Quality Authority (HIQA).

Judgment: Not compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and within their community and systems were in place to meet their assessed needs. However, some issues were identified with the process of risk management.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals based on their interests and talents and to maintain strong links with their families and community. For example, residents had a number of hobbies and interest to engage in such as arts and crafts, exercise programmes, gardening, table top activities and music. During the current pandemic residents were availing of day services from their home. Staff had put significant time, effort and innovation into ensuring the residents could continue to engage in meaningful activities of their choosing. For example, some residents had undertaken a garden project and were delighted to show the inspector the work they had completed on their garden. Other residents were very well known in their community and involved in local charity projects and the tidy towns initiative. Staff had also supported residents to engage in online programmes and health related initiatives, some which were certified by Trinity College.

Residents were also supported with their healthcare needs and as required access to a range of allied healthcare professionals, including GP services formed part of the service provided. Residents had an annual review of their healthcare needs with their GP and had access to a dentist, optician and chiropodist. Care plans were also in place to support residents in maintaining the best possible health. Residents were supported to experience best possible mental health and, where required, had access to behavioural and psychology support. Where required, residents had a positive behavioural support plan in place. From a small sample of files viewed, it was also observed that staff had training in positive behavioural support techniques. This meant they had the knowledge required to support residents in a professional and calm manner if or when required.

From a small sample of files viewed, it was noted that staff had training in safeguarding of vulnerable adults and from speaking with two staff members, the inspector was assured they had the knowledge and confidence to report any issue or concern to the person in charge or residential manager if they had one. Some residents reported directly to the inspector that they felt safe in their home and if they had any concerns, they would speak to a staff member. Issues such as safeguarding and advocacy formed part of the agenda at the residents meetings and information on how to contact an independent advocate and the Confidential Recipient was also available in the centre. It was observed there had been some minor peer-to-peer related issues between two residents in one house of this centre, however; management and staff were aware of this issue and were responding to it through the process of positive behavioural support. When this was discussed with the person in charge and residential services manager, they informed the inspector they would further review this issue under the process of safeguarding as well as positive behavioural support.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file to support their overall safety and well-being. However, in order to ensure the safety of the residents that lived in the semi-independent house, a number of control measures were in place. While some of these measures were identified in the risk assessment process, not all the

measures had been clearly documented. Systems were also in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand washing facilities and there were hand sanitising gels available throughout the house. The centre also had a COVID-19 contingency plan in place.

Overall, residents reported to the inspector that they were very happy with the service and in their home. Systems were in place to ensure they maintained valued social roles and contact with their family members during the current COVID-19 pandemic. Some issues were identified with regard to the risk management process, however; residents reported directly to the inspector that they felt safe in their home and would report any issue or concern to a staff member or the person in charge.

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well-being. However, in order to ensure the safety of the residents that lived in the semi-independent house, a number of control measures were in place. While some of these measures were documented in the risk assessment, some were not.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Systems were also in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, from a small sample of files viewed, staff had training in infection prevention control and donning and doffing of personal protective equipment (PPE) and hand hygiene. There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand washing facilities and there were hand sanitising gels available throughout the house. The centre also had a COVID-19 contingency plan in place

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals based on their interests and talents and to maintain strong links with their families and community.

Judgment: Compliant

Regulation 6: Health care

Residents were also supported with their health care needs and as required access to a range of allied health care professionals, to include GP services formed part of the service provided. Residents had an annual review from their GP and also had access to a dentist, dietitian, occupational therapy and physiotherapy and care plans were in place to support residents in achieving best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and where required had access to behavioural and psychology support. Where required, residents had a positive behavioural support plan in place. From a small sample of files viewed, it was also observed that staff had training in positive behavioural support techniques. This meant they had the knowledge required to support residents in a professional and calm manner if or when required.

Judgment: Compliant

Regulation 8: Protection

From a small sample of files viewed, staff had training in safeguarding of vulnerable adults. From speaking with two staff members, the inspector was assured they had the knowledge and confidence to report any issue or concern to the person in charge or residential manager if they had one. Some residents reported directly to the inspector that they felt safe in their home and would report any concern to a staff member if they had one. It was also observed that issues such as safeguarding

and advocacy formed part of the agenda at the residents meetings.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to promote the rights of the residents living in the centre. Residents were consulted with about the running of their home and made their own choices regarding their daily routines (with support if required). The inspector also saw pictorial evidence of residents being supported to vote in elections.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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 Pine Services OSV-0004460

Inspection ID: MON-0031111

Date of inspection: 26/11/2020

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: For one house additional support will be in place to ensure there is individualized recreational and community based activities over weekend period. This additional support will commence immediately from 9/01/2021. A review will commence in January 2021 to review the staffing arrangements in this centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The transport for the centre has now been addressed with the purchase of suitable vehicle. This will be in place by the 08/01/2021.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All peer to peer incidents have been reported to HIQA. All minor peer to peer incidents</p>	

going forward will be reported within the 3-day timeframe. All incidents have been reported to Safeguarding Team. There is ongoing input from Social Work and Behaviour Support Team to guide staff and to ensure people have individualized supports. All incidents have been reviewed by PIC and management to ensure there is an overview of all incidents and a robust reporting system in place.

Peer to Peer Reporting Protocol is being reviewed by the Provider.
All Staff will receive refresher safeguarding training and refresher training on Incident reporting.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
All risk assessments are being reviewed and updated to ensure all controls in place are recorded.
All staff in the centre will attend Risk Management Training and Record keeping Training to ensure best practice in assessing positive risk taking.

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.	Not Compliant	Orange	28/02/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	31/03/2021

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	01/02/2021