



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

Name of designated centre:	Pine Grove Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	17 April 2018
Centre ID:	OSV-0001782
Fieldwork ID:	MON-0021004

About the designated centre

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

Pinegrove residential service provides support to five male adults with an intellectual disability from 18 years upwards, four of whom have a diagnosis of autism. Pinegrove also provides support to individuals with visual impairments and provides ground floor accommodation. Residential services are provided to service users who have high levels of support needs and staffing levels are matched to reflect the support needs of the service users. Pinegrove is purpose built and is an accessible building. It has five residential beds and is fully occupied. It is located in the country side on the outskirts of Kiltimagh town. It is surrounded by extensive gardens, the front garden is open, while the back garden is enclosed providing the opportunity for freedom of movement in a safe environment. Each resident in Pinegrove is afforded regular opportunities to access their local community and participate in activities of their individual preference. These are identified through regular individual planning meetings in conjunction with families. There is an open door policy with family members and this is something that is encouraged and actively promoted by the service.

The following information outlines some additional data on this centre.

Current registration end date:	15/11/2018
Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or 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
17 April 2018	09:15hrs to 16:00hrs	Catherine Glynn	Lead

Views of people who use the service

The inspector met with three residents who used this service. Residents for the most part are non-verbal and are unable to verbalise their feelings. However, the inspector found that they had good access to the local community and enjoyed living in the centre. They also stated that they enjoyed the activities that they took part in at their day services. Some residents did not speak with the inspector; however, the inspector observed that all residents appeared comfortable and relaxed in the company of staff and with each other.

The inspector met with a resident's family member during the inspection and found that they were very satisfied with the service that their relative was receiving.

Capacity and capability

Governance and management arrangements ensured that a good quality and safe service was provided for residents living at this centre. Furthermore, the inspector found that the provider had put measures in place to ensure that the previous inspections findings were addressed.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in an improved standard of care, support and safety being provided to residents who lived at the centre. Six-monthly audits of the centre's practices were being carried out by the management team and staff carried out regular audits of areas such as, medication management and residents' finances. Records showed that audit findings had been addressed in a timely manner.

The person in charge worked closely with staff and was known to all residents in the centre and was very familiar with their up-to-date care and support needs. There was suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their roles, in addition, to mandatory training in fire safety, manual handling, safeguarding and behaviour management. There was also a range of policies, including all required Schedule 5 policies, to guide staff in the delivery of a safe and suitable service to residents.

The management team ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to carry

out their roles and responsibilities. They ensured that all staff had undergone vetting as a primary safeguarding measure for ensuring that residents were safe and protected from abuse.

Since the last inspection, the provider and management team had taken measures to address issues that had been identified in the last inspection report. Some of the improvements included the completion of health protocols and personal emergency evacuation plans. As a result of these improvements, all residents had clear guidelines in place to guide all staff supporting them in the centre.

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mix were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person in charge, these were updated to show any changes and were accurate at the time of inspection. Furthermore, the provider's recruitment process ensured that all staff documentation required under Schedule 2 of the regulations had been obtained.

Judgment: Compliant

Regulation 16: Training and staff development

All staff working in the centre had received mandatory training in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all of the required information relating to residents who lived, or received services, in the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that all records required under the regulations were maintained.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that all documents relating to insurance for the centre was updated for the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre. The person in charge worked in the centre and there were systems in place, such as audits, staff supervision, availability of operational policies and management meetings, to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met the requirements of the regulations. The statement of purpose

was being reviewed annually by the management team.

Judgment: Compliant

Quality and safety

The provider's practices had ensured that residents' well-being was promoted at all times and that they were safe. The inspector found residents' received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

Monthly house meetings were held in the centre and this provided residents with the opportunity to express their views and preferences. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis during the inspection.

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, the central heating boiler and the fire alarm system. Staff also carried out a range of fire safety checks. The fire evacuation procedure was clearly displayed, staff had received formal fire safety training and effective fire evacuation drills involving residents and staff were carried out.

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 specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect.

Personal planning arrangements ensured that each residents' needs were subject to regular reviews both annually and more frequently if required. Recommendations from annual reviews and multi-disciplinary 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 their own goals for the coming year. The personal planning process ensured that supports were in place to ensure that these were met.

The provider had ensured that residents had access to medical and services to ensure that they received a good level of healthcare. All residents had access to a general practitioner 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 dental and optical services, were arranged. Plans of care for good health were developed for residents' which identified their specific care needs. The inspector found that protocols were in place for residents who had specific allergies, which was an improvement since the

last inspection.

There were safe medication management processes in place to protect residents from the risk of medication errors. Suitable storage practices were in place and residents were provided with individualised storage facilities. In addition, adequate space was available to ensure that medications returned to pharmacy was stored separately. Each resident had a clear plan in place which guided staff on the administration of all medicinal products prescribed, for each resident. Medication administration and recording systems provided sufficient detail to guide practice and reflected staff knowledge, as demonstrated to the inspector. All residents had a self assessment completed and in place in personal plans.

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 any special dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that all information required for residents, was available in the centre and in an accessible format where required.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed and reflected staff practices and knowledge.

Judgment: Compliant

Regulation 28: Fire precautions

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 all fire equipment, internal and external fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills involving residents and staff. All residents had individualised emergency evacuation plans in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre and staff who administered medication received training in safe administration of medication.

Residents had access to the services of a pharmacist in the local area.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the resident or their representatives, were being held. Residents' personal goals were agreed at these meetings and short-term goals were developed at six monthly intervals. These were made available to residents in a user friendly format where required.

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 general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviours that challenge. Behaviours support plans had been developed when required with input from a behaviour support therapist.

All staff had attended training in relation to the management of behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to guide staff and ensure that all residents were safe from harm. All staff had received training in safeguarding and the management team were very clear about what constituted abuse and how to respond to all concerns.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant