



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

Issued by the Chief Inspector

Name of designated centre:	The Pines
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	08 December 2020
Centre ID:	OSV-0005303
Fieldwork ID:	MON-0031049

About the designated centre

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

The Pines is a residential service which aims to provide 24-hour care to Adults with disabilities both male and female from age 35 years of age onwards. The centre is managed by an experienced qualified social care professional. There are a team of social care workers and care assistants working in the house who support the residents and ensure their assessed needs are provided for. The house is located in a busy town in Co. Laois, and residents are supported to have meaningful roles in their community. Residents are supported with employment and also supported to frequent local amenities such as barbers, hairdressers, beauticians, pubs, restaurants, cafes and shopping centres. The house comprises of four large bedrooms (some en suite) and are decorated to the individual style and preference of the residents. There is a large well equipped kitchen/dining room, a spacious, comfortable and homely sitting room, a large communal bathroom and a room providing an office space/sleep over facility for staff. There is a very well maintained garden area to the rear of the property.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 8 December 2020	09:30hrs to 15:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with three residents on the day of inspection. Residents used verbal methods to communicate their thoughts. Overall, the inspector found that residents appeared to be enjoying living in a safe and homely environment.

The centre appeared warm, clean and welcoming on arrival in the morning. Some residents were getting ready for the day and some residents remained in bed. The inspector noted that residents were making a cake later on in the day. This appeared to be an activity the residents enjoyed and the smell of baking was present in the house.

The property was a three story semi-detached house. All residents had their own individualised bedrooms, some of these were en-suite. There was a large kitchen-dining room, a spacious sitting room, a large communal bathroom and a room providing an office space/sleep over facility for staff. There was a well maintained garden area to the rear of the property. One resident smoked, and a designated smoking area had been identified in the garden for this. One resident showed the inspector their bedroom. They appeared happy with their room and proud of their space. Their room had been personalised to suit the residents preferences and a large number of pictures were present with the resident and their family and friends.

The local town offered many amenities to the residents such as barbers, hairdressers, beauticians, pubs, sports clubs, bus services, restaurants, cafes, a church and shopping centres. However some of these were closed on the day of the inspection due to COVID - 19.

The inspector met with one resident who expressed that they were very happy living in the centre, when asked. The resident spoke about some trips abroad they had enjoyed in recent years and expressed their disappointment with the travel restrictions that were in place due to COVID - 19.

Prior to COVID - 19 restrictions, residents had enjoyed a range of activities including work placements, day services, art class's, writers groups, and bingo. Since COVID - 19 restrictions had been in place residents had enjoyed some other in-house and socially distant activities including walks, gardening, baking, card playing and art work. Staff and management had supported residents to maintain friendships and family relationships throughout lock down periods by facilitating socially distant visits and supporting video calls. Some residents continued to work towards improving independent living skills during the lockdown period and this included using the local bus independently and improving cooking skills.

The complaints procedure was prominently displayed in the designated centre. Regular satisfaction surveys were issued to residents, the inspector reviewed a sample of these which all reported high levels of satisfaction with the service

provided in areas including food, staffing, activities, residents rights and the premises. There were no complaints communicated with the inspector on the day of inspection.

Residents appeared to enjoy consistency of care, with a clear management system, low staff turnover levels in the centre and no staff vacancies on the day of inspection.

Capacity and capability

The purpose of this inspection was to monitor the centres ongoing levels of compliance with the regulations. Overall, the inspector found that the registered provider was operating the centre with high levels of compliance. This appeared to be contributing to the residents enjoying a safe and effective service living in the designated centre. Any action from the centres most previous inspection had been appropriately addressed.

There was a full time person in charge who had the skills, experience and qualifications necessary to effectively manage the designated centre. This person had a regular presence in the centre and completed some working hours supporting the residents as well as protected time for administration duties weekly. There was evidence of regular auditing and review of the service provided. An unannounced six monthly audit was completed by a member of management on behalf of the provider. A report was written following this, on the safety and quality of care and support being provided. This report identified actions, time lines and persons responsible and actions appeared to be addressed in a timely manner.

There was a regional director of operations in place available to support the person in charge. A weekly report was sent to them which detailed accidents, incidents, safeguarding concerns, complaints, restrictive practices and staffing matters. Reviews were completed on these reports to identify any possible trends and actions were identified if needed. There was an on-call manager available at all times should staff require further guidance or support.

There was sufficient staffing levels and skill mixes in place to meet the assessed needs of the residents. There was a staff rota in place which clearly identified staff on duty. The person in charge was completing regular one to one formal supervisions with all staff. Staff meetings took place on a monthly basis. Residents appeared to enjoy consistency of care, with a low staff turnover in the centre and no staff vacancies on the day of inspection. The inspector did not review staff Schedule 2 documents on the day of inspection.

Training was provided in areas including fire safety, manual handling, medication management, safeguarding, infection control and behaviour management. The registered provider and person in charge had ensured that all staff had received up-to-date mandatory and refresher training. Regular reviews of training needs were

completed and refresher training scheduled for staff if needed.

The complaints procedure was prominently displayed in the designated centre. Regular satisfaction surveys were issued to residents, the inspector reviewed a sample of these which all reported high levels of satisfaction with the service provided with one resident reporting that the staff were very kind. There were no complaints communicated with the inspector on the day of inspection.

Regulation 15: Staffing

There was sufficient staffing levels and skill mixes in place to meet the assessed needs of the residents. There was a staff rota in place which clearly identified staff on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided in areas including fire safety, manual handling, medication management, safeguarding, infection control and behaviour management. The registered provider and person charge had ensured that all staff had received up-to-date mandatory and refresher training.

Judgment: Compliant

Regulation 23: Governance and management

There was a full time person in charge who had the skills, experience and qualifications necessary to effectively manage the designated centre. There was evidence that the service provided was regularly audited and reviewed, with appropriate actions identified and addressed when needed.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed in the designated centre. Regular satisfaction surveys were issued to residents, the inspector reviewed a

sample of these which all reported high levels of satisfaction with the service provided. There were no complaints communicated with the inspector on the day of inspection.

Judgment: Compliant

Quality and safety

All residents had a comprehensive assessment of need in place which guided their personal plan of care. These were subject to regular review and auditing, and they reflected the residents most current needs. There was a key working system in place with each resident having an allocated staff key worker who was responsible for reviewing and updating care plans and social goals. One resident had goals in place which included celebrating their birthday, weight loss, applying for a new passport and a trip home. Regular key working sessions took place between resident and their key worker. Recent topics discussed included COVID - 19, use of face masks and the vaccine. All residents had individualised daily planners in place which were reviewed and signed by the staff supporting them. Residents had weekly meetings together, where they discussed issues such as menu options, staff, residents rights, complaints, safeguarding, concerns or upcoming events.

The registered provider had ensured that systems were in place for the assessment, management and ongoing review of risk. Risks associated with staff lone working had been assessed and clear mitigating measures were in place. Levels of the risk of slips, trips and falls had been assessed for each residents, with measures implemented where needed. The centre had a safety statement and risk register in place and this included new potential risks associated with COVID - 19, such as visitation. Some residents were self administering their medication and this had been appropriately risk assessed. However, while the inspector was satisfied that appropriate risk measures were in place for high risks associated with one resident smoking, these risks and measures were not clearly recorded on the residents risk documentation to ensure ongoing review.

The registered provider had ensured that appropriate procedures were in place for protection against infection. Infection control procedures had been enhanced in the centre in light of COVID - 19 and in line with national guidance for residential care facilities. The centre was visibly clean on arrival. Staff and residents were completing regular temperature checks and symptom checks. Staff were completing risk assessments prior to coming on duty. Some signage was observed around the centre, which guided staff and residents regarding, hand hygiene and cough etiquette. The centre had ample supplies of personal protective equipment (PPE), and management and staff were regularly auditing this. Residents had been supported to keep in contact with family and friends online, secondary to social restrictions in place. All staff were observed were observed wearing face masks on the day of inspection, in line with national guidance and there was a service

contingency plan for in the event of an outbreak of COVID - 19 in the centre.

The centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and fire fighting equipment. These were all subject to regular checks and servicing with a fire specialist. All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions. These were being completed in a timely and efficient manner.

Residents in the centre presented with low levels of behaviours that challenge. Residents were supported to manage their behaviours. Resident had access to a range of multi-disciplinary supports within the service and staff were making referrals when needed. Online mental health and behavioural support was facilitated by staff when face to face appointments posed a risk due to COVID - 19. Restrictive practices had been notified on a quarterly basis as required by regulation 31. Individual risk assessments were in place for risks associated with potential behaviours.

There were no safeguarding concerns on the day of inspection. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults and staff were familiar with reporting systems should a safeguarding concern arise. There was a safeguarding officer in place, who was responsible for investigating any safeguarding concerns. Resident appeared to be compatible living together, with minimal levels of peer to peer incidents occurring.

Regulation 26: Risk management procedures

The registered provider had ensured that systems were in place for the assessment, management and ongoing review of risk.

While the inspector was satisfied that appropriate risk measures were in place for high risks associated with one resident smoking, these measures were not clearly recorded.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured that appropriate procedures were in place for protection against infection. Infection control procedures had been enhanced in the centre in light of COVID19 and in line with national guidance for residential care facilities.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and fire fighting equipment. These were all subject to regular checks and servicing with a fire specialist.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All resident had a comprehensive assessment of need in place which guided their personal plan of care. These were subject to regular review and auditing, and they reflected the residents most current needs. Residents had a range of individualised social goals in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. Resident had access to a range of multi-disciplinary supports within the service and staff were making referrals when needed. Online mental health and behavioural support was facilitated by staff when face to face appointments posed a risk due to COVID - 19. Restrictive practices had been notified on a quarterly basis as required by regulation 31.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns on the day of inspection. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults and staff were familiar with reporting systems should a safeguarding concern arise. There was a safeguarding officer in place, who was responsible for investigating any safeguarding concerns.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Pines OSV-0005303

Inspection ID: MON-0031049

Date of inspection: 08/12/2020

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: PIC will review and update the resident's Individual Risk Management Plan and the Centre Specific Risk Register to adequately identify and ensure all control measures are in place for the high risk associated with a resident that smokes in the smoking shed.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	08/03/2021