



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

Issued by the Chief Inspector

Name of designated centre:	Acorn Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	19 May 2021
Centre ID:	OSV-0003914
Fieldwork ID:	MON-0032521

About the designated centre

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

Acorn Residential Services is a centre operated by Western Care Association. The centre provides residential care for up to ten male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of two houses located on the outskirts of a town in Co. Mayo, situated within close proximity to each other. Residents have their own bedroom, en-suite facilities, shared bathrooms, kitchen and dining areas, sitting rooms, staff office, utility and garden area. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

8

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 19 May 2021	09:30hrs to 14:15hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This is a centre that very much ensured residents were provided with the care and support that they required. All efforts were made by staff to ensure residents had multiple opportunities to engage in activities of interest to them, in accordance with their capacities and assessed needs. Overall, this is was centre that prioritised the needs of residents in all aspects of the service delivered to them.

The purpose of this inspection was to monitor compliance with the regulations. The centre comprised of two houses located on the outskirts of a town in Co. Mayo, situated within close proximity to each other. Each house provided residents with their own bedroom, en-suite facilities, bathrooms, kitchen and dining area and garden area. For the purpose of this inspection, only one of these houses was visited by the inspector. Here, she met with the four residents who lived in that house. Some of these residents greeted the inspector upon her arrival, with one of them being supported by a staff member to carry out a ritualistic behaviour that they liked to do when in the company of others. Another resident, who had recently moved to the centre, was supported by the same staff member to communicate briefly with the inspector. However, due to the communication needs of these residents, they were unable to speak directly with the inspector about the specific care and support they received.

The person in charge told the inspector that these residents got on very well together and that residents who had lived in the centre for some time had adapted very well to the latest resident admission. The person in charge spoke briefly about the active lifestyles that these residents had led, prior to the introduction of public health safety guidelines. Since then, much effort was made by staff to come up with alternative activities that these residents could engage in. Some residents continued to avail of community day service, while others were supported to have their day service in the comfort of their own home. To encourage residents to be involved in the running of their home, some were appointed with the responsibility for looking after the centre's fish tank, while other residents' artwork was also proudly displayed in communal areas of the centre.

The centre was found to be tastefully decorated and had a warm homely feel to it. The person in charge showed the inspector upgrade works that had been recently completed to the garden area, which was newly landscaped and now provided residents with additional seating and increased privacy from surrounding buildings. Additional re-surfacing works were also due to be completed to the grounds of the centre the week subsequent to this inspection. The person in charge also spoke of their plans to erect a memorial within the newly landscaped garden in memory of a resident who lived at the centre, but had since passed away. The provider also had plans in place to complete re-decoration and maintenance works to the interior of the centre in the coming months.

Much effort was made by the person and charge and staff to ensure residents were

as involved as possible in the planning of their care and running of their home. This was primarily done through effective daily engagement between residents and the staff members supporting them. Due to the suitability of this centre's staffing arrangement, residents at all times had access to the level of staff support that they required, which had a very positive impact on their social care needs. Since the introduction of public health safety guidelines, much effort was made to support residents to understand and implement measures to protect their safety and welfare. For example, during the inspection, the inspector observed staff to gently remind residents to practice social distancing in their engagement with the inspector.

In summary, the inspector found that residents' rights were very much promoted and respected. Residents' safety and welfare were also paramount to all systems and arrangements that the provider had put in place in this centre.

Capacity and capability

Overall, this was a very well-managed and well-resourced centre that ensured residents received high quality and safe care. For the most part, this centre found to be in compliance with many of the regulations inspected against as part of this inspection; however, some minor improvements were required to aspects of risk management, restrictive practices and safeguarding.

The person in charge held the overall responsibility for this designated centre and she was present full-time to meet with staff and residents. She held very good knowledge of residents' needs and of the operational needs of the service delivered to them. She was supported in her role by her staff team and line manager in the running and management of the centre. This was the only centre run by the provider in which she was responsible for, which gave her the capacity to effectively manage the service.

The centre's staffing arrangement was subject to regular review by the person in charge, which ensured that a suitable number and skill-mix of staff were at all times on duty to support residents. Staff working at the centre knew the residents and their needs very well, which meant that residents were at all times cared for by staff who were familiar to them. Adequate arrangements were also in place to support this centre, should additional staffing resources be required. Staff received refresher mandatory training, as and when required, and were also subject to regular supervision from their line manager to support them in their role.

The provider had ensured this centre was suitably resourced in terms of equipment, staffing and transport. The person in charge held regular meetings with her staff team, which allowed for resident related matters to be regularly discussed. She also maintained regular contact with her line manager to review all operational issues arising. Six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans

were put in place to address these. In conjunction with this monitoring system, the person in charge regularly trended incidents occurring in the centre, which informed any risk management activities that were required in response to trends identified. For example, following a recent review of low level safeguarding incidents which had occurred, it was identified that the compatibility of residents living together required further re-assessment. At the time of this inspection, the provider was in the process of developing an action plan in response to the outcome of this re-assessment to support the future needs of these residents.

There was a Statement of Purpose available at the centre and this document was in the process of review to ensure further clarity on the service provision available to residents.

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and she was regularly present to meet with staff and residents. She held very good knowledge of the residents and their assessed needs and of the operational needs of the service delivered to them. This was the only designated centre operated by the provider in which she was responsible for and current arrangements ensured she was adequately supported in the running and management of the service.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review to ensure an adequate number and skill-mix of staff were at all times available to support the residents who lived here. Adequate arrangements were also in place, should this centre required additional staffing resources.

Judgment: Compliant

Regulation 16: Training and staff development

Effective staff training arrangements were in place to ensure all staff were suitably trained for their role. Furthermore, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge held regular meeting with her staff team to review resident related care issues and she also had regular contact with her line manager, which allowed the on-going review of operational matters. Monitoring systems were in place and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre and at the time of this inspection, it was in the process of review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents occurring in the centre were reported, responded to and trended on a regular basis. All incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

Quality and safety

Residents' rights were very much promoted in this centre, with residents regularly consulted with about how they wished to spend their time. Those with communication needs were well-supported by staff to express their wishes and due to the adequacy of this centre's staffing resources, residents had regular opportunities to engage in meaningful activities.

This centre comprised of two houses located within close proximity to each other.

Each house provided residents with their own bedroom, en-suite facilities, shared bathrooms, sitting rooms, kitchen and dining area, utility, staff office and garden area. The provider had recently completed up-grade works to the exterior of the centre, providing residents with new outdoor seating and landscaped garden. The week subsequent to this inspection, further upgrade works were planned to the external grounds of the centre. The person in charge told the inspector that similar upgrade and maintenance works were planned for the interior of the centre in the coming months. Overall, the centre was found to be very comfortable, spacious and tastefully decorated.

Robust systems were in place to ensure residents' needs were subject to regular re-assessment. Staff were guided in caring for residents and their assessed needs through comprehensive personal plans. Due to the changing needs of some residents, at the time of this inspection, some personal plans were in the process of being updated, to include recently implemented care interventions, particularly in the areas of falls management and nutritional care. For one resident, who had recently moved to the centre, their assessments and personal plans were still in development at the time of this inspection, in line with the 28 day time frame as set out by the regulations. Staff were very responsive to residents' health care needs and were awaiting referral appointments in order to further inform some residents' current care interventions. For example, for residents who were experiencing decreased mobility and increased falls risk, staff were proactive in seeking further review of these residents' needs and interim safety measures were put in place to ensure these residents' safety was maintained while mobilising around their home.

The provider had systems in place to support staff in the identification, response and monitoring of any concerns relating to the safety and welfare of residents. The provider was also very proactive in this aspect of the service through the regular monitoring of safeguarding related incidents. For example, through the effective trending of minor safeguarding incidents that had occurred in the centre, the provider identified that additional measures were required to be implemented to ensure the safety and welfare of all residents was safeguarded. This trend also prompted a re-assessment of residents' compatibility in one particular house. Following the outcome of this re-assessment, provider was putting plans in place to safeguard the potential needs of residents, with some identified as possibly requiring an independent living arrangement in the future. Although there was no immediate concern identified, the provider had put interim safeguarding arrangements in place within this house and was also in the process of developing an action plan, should residents require a transition from the centre in the future. The person in charge told the inspector that these interim measures were working very well, resulting in an overall decline in the number of similar incidents re-occurring. Although there was a safeguarding plan out in place in response to this, this plan required further review to ensure it gave clarity on the specific safeguarding measures that were being implemented by staff on a daily basis, particularly with regards to resident supervision and specific staffing arrangements.

Where residents required behavioural support, they received the care and support they required. For example, one resident regularly engaged in ritualistic behaviours and staff were very much aware of this and supported this resident to have the time

to carry out such behaviours, as and when required. There were a number of restrictions in use at this centre and these were subject to regular multi-disciplinary review. The reduction of restrictive practices was very much promoted in this centre and the person in charge told the inspector that following the effective review of the use of one environmental restriction, this restriction was removed providing residents with better access to the kitchen area. However, the inspector did observe that protocols for some restrictions required further review to ensure these gave additional clarity to staff on appropriate application in practice to ensure the least restrictive practice was at all times used.

The provider had effective fire precautions in place, including fire detection and containment arrangements, emergency lighting and regular fire safety checks. Regular fire drills were occurring and records demonstrated that staff could support residents to evacuate the centre in a timely manner. Each resident had a personal evacuation plan and these were in the process of further review at the time of this inspection. Multiple fire exits were available within the centre, including an additional fire escape to those residing in upstairs accommodation. Downstairs bedrooms occupied by residents also had a fire exit, meaning residents could evacuate very quickly, should they be in their bedroom if a fire occurred. A clear fire procedure was also available at the centre, adequately guiding staff on how to respond should a fire occur at the centre.

Regulation 10: Communication

Where residents had assessed communication needs, the provider ensured these residents received the care and support they required to communicate their wishes.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two houses located within close proximity to each other. Each house provided residents with their own bedroom, en-suite facilities, bathrooms, kitchen and living spaces, sitting rooms and garden areas. At the time of inspection, the provider was in the process of completing internal and external refurbishment works.

Judgment: Compliant

Regulation 20: Information for residents

The provider had a Residents' Guide available to residents and this document was in the process of review at the time of inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of risk at this centre. However, some improvement was required to ensure risk-ratings and on some risk assessments accurately reflected effectiveness of the provider's response to these risks. Furthermore, some risk assessments required additional review to ensure these clearly demonstrated specific control measures that the provider had put in place in response to identified risks. In addition, although organisational risks were regularly monitored by the person in charge, some did not have a supporting risk assessment in place, for example, risks relating to safeguarding.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider implemented a number of measures to ensure the safety and welfare of staff and residents. Contingency plans were in place, should an outbreak of infection occur at the centre. Additional arrangements were also in place, should the centre experience decreasing staffing levels on foot of an outbreak. The effectiveness of these plans were subject to on-going review by the provider.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment systems, emergency lighting and regular fire safety checks. Fire drills were occurring with residents on a regular basis and records demonstrated that staff could support residents to evacuate the centre in a timely manner. Personal evacuation plans were in place for each resident and these were in the process of further review at the time of this inspection. A clear fire procedure was also available to guide staff on how to respond, should a fire occur at the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had robust systems in place to ensure residents' needs were subject to regular re-assessment. Personal plans were also in place to guide staff on their role in supporting residents with these assessed needs. At the time of this inspection, the person in charge was in the process of updating some residents' personal plans to give better clarity on specific care interventions that were implemented by staff on daily basis.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents received the care and support that they required. Robust systems were in place to quickly identify and support residents with changes to their health care needs. Residents also had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider ensured these residents received the care and support that they required. However, some improvement was required to some restrictive practices to ensure protocols accurately guided staff on the appropriate application of these restrictions in practice.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response and monitoring of any concerns to the safety and welfare of residents. Although the provider had effectively to a safeguarding concern at this centre, further review of supporting documentation was required to ensure this clearly identified the specific

safeguarding measures that the provider had put in place in response to safeguard residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

This centre was operated in a manner that ensured residents' rights were protected and promoted. Residents were promoted to spend their time as they wished and were at all times supported by staff who knew them and their needs very well.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Acorn Residential Service OSV-0003914

Inspection ID: MON-0032521

Date of inspection: 19/05/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The person in charge will carry a thorough review of the risk register to ensure all service risks are accurately assessed and scored, including safeguarding and that the risk register will be subject to regular review</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The person in charge will review PRN psychotropic medication, and chemical restraint protocol .The protocol will describe health screening that is required prior to any administration of same .Regular review and debriefing will occur after each administration .</p>	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	

The person in charge will at regular intervals review safeguarding plan in place . A clear plan will be devised to address the safeguarding issues and compatibility issues within the service. All safeguarding concerns will be entered on the service risk register

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	20/05/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	04/06/2021
Regulation 08(2)	The registered provider shall protect residents	Substantially Compliant	Yellow	26/05/2021

	from all forms of abuse.			
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