



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:	Announced
Date of inspection:	26 September 2024
Centre ID:	OSV-0004460
Fieldwork ID:	MON-0035484

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 service, which is run by the Brothers of Charity Services Ireland. The centre provides accommodation and support for five male and female adults over the age of 18 years, with an intellectual disability. The centre comprises of two bungalows located in a village in Co. Roscommon. The bungalows comprise of single 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:

5

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 (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 September 2024	11:40hrs to 18:10hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an announced inspection of this centre. It formed part of the routine monitoring activities undertaken by The Chief Inspector of Social Services during the three-year registration cycle of the designated centre. The provider was given four weeks' notice of the inspection. Overall, the inspector found that the residents in this centre received a good quality, person-centred service. The needs of residents had been assessed and the supports required to meet those needs had been put in place. There were strong governance and oversight arrangements to monitor the quality of the service.

The centre consisted of two separate bungalows that were next door to one another. They were in a small housing estate in a rural village. Each resident had their own bedroom. One bedroom in each house had an en-suite bathroom. Each house also had a shared bathroom. In one house, the bathroom had been renovated to include a level access shower. The person in charge reported that there were plans for the same renovations to take place in the second house. In addition, each house had an open-plan kitchen-dining room with sitting area. One house had a second sitting room and multipurpose room. Outside, the gardens were well maintained. The addition of flower boxes and potted plants made a very attractive entrance to the houses. Paths through the gardens meant that they were fully accessible to all residents.

The centre was warm, bright and clean. It was in a good state of repair and nicely decorated. The communal rooms were comfortable. The furniture was clean, modern and free from any damage. Comfy cushions and throws had been added to make a homely feel. The provider had added high-contrast hand rails and toilet seats in some bathrooms in line with the residents' needs. Each residents' room was decorated in a different style and personalised with the residents' photographs and belongings. Some rooms had recently been repainted. Some residents had their own television in their rooms and a comfortable space to sit. Residents had equipment that they needed for their activities of daily living, for example, profiling beds and shower chairs. The houses had been set-up to promote the residents' hobbies and interests. One house had musical instruments that the residents played. The centre also had a swing set. One resident had a pet cat and the equipment needed to care for the cat.

The inspector met with four of the five residents on the day of inspection. One resident was at a social event during the time of the inspection. Residents spent some time chatting with the inspector. Residents said that they were happy in their home. They said that they liked the staff and found them helpful and friendly. Two residents showed the inspector their bedrooms that had recently been repainted. They said that they had chosen the colours and décor and were very happy with the outcome. Another showed the inspector the music room, played the keyboard and sang beautifully. Residents spoke about their activities in the home and in the

community. They spoke about their interests and hobbies.

The inspector had the opportunity to speak with two family members of two different residents. Both family members said that they were very happy with the service in the centre and that they felt residents were safe in the centre. They were very complimentary of the staff and had high praise for the quality of the service. They said that they found the staff approachable and that they would be happy to highlight any issues that may arise or make a complaint, if needed.

In advance of the inspection, questionnaires were posted to the residents. These were to find out the residents' views on the centre and the service they received. Five questionnaires were completed and reviewed by the inspector. Some residents completed the questionnaires independently and some needed support from staff or family. All questionnaires indicated that residents were happy in their home and with the service they received. One residents indicated that there could be some improvement in relation to making choices.

Staff spoke about residents warmly and respectfully. In addition to the person in charge, the inspector met with three other members of staff. Staff were very knowledgeable on the residents' needs and their preferences. Staff were clear when talking about how they supported residents. The information they gave to the inspector was in line with the information in the residents' care plans. Staff had received training in human rights-based care. One staff member said that the training had given them strategies when communicating with the families of residents. This allowed them to advocate on behalf of the residents and promote a human rights-based approach during these meetings and conversations.

The inspector noted that the interactions between residents and staff were comfortable. Staff were quick to respond when residents asked for help. Staff were knowledgeable on the residents' communication profile and chatted easily with residents. Staff were observed supporting a resident who was unhappy about a temporary change that had happened in their day services.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

The provider maintained good oversight of this service. As a result, areas for service improvement were identified and addressed. Staffing numbers and skill-mix were suitable to meet the residents' needs and staff had up-to-date training.

The provider had good management structures in the centre. Staff were clear on who to contact should any issues arise. The management structure ensured that there was clear communication among staff. Staff meetings occurred regularly and

information in relation to the care and support of residents was shared at these meetings. Oversight of the service was maintained through regular audits and comprehensive reports on these audits. Actions for service improvement were developed and addressed within the timelines set out by the provider.

The staffing arrangements in the centre were suited to the needs of the residents. These arrangements had recently changed to accommodate the needs of residents. This staff change had reduced the risk of safeguarding incidents occurring and had resulted in better outcomes for residents. Staff training was largely up-to-date in areas that were mandatory and relevant to the care and support of the residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the application form, fee and necessary documentation to apply for the renewal of the registration of the designated centre within the required timeframe.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre were suited to the needs of residents.

The inspector reviewed the rosters from 25 August 2024 to 25 October 2024. It was clear that the required number of staff were on duty at all times. Staffing arrangements had been changed in recent weeks with the addition of a waking night staff in one house and a sleepover staff member in the other. This change in staffing was reflected in the rosters. The person in charge reported that this had a positive impact on the residents. Staff were available to offer support more quickly at night and disruptions to other residents was minimised.

Additional staff members were available in the evenings and at weekends to support residents to access the community and engage in activities that they enjoyed.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had up-to-date training.

The inspector reviewed the training records for staff and found that the provider had

identified 12 mandatory training modules. Records indicated that staff training in these areas was largely up-to-date and that refresher training sessions had been booked for staff, when required. Some training modules were specific to the needs of the residents in this centre. Staff had received training in human rights-based care. This meant that staff had up-to-date knowledge on how to support residents to meet their needs.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted details of their insurance as part of the application to renew the registration of the centre. This was reviewed and found to include all of the details required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider maintained effective oversight of the service and had clear management systems in place.

The provider maintained oversight of the service through regular audits and checks that were completed by the team leader and person in charge.

The inspector reviewed the most recent annual review of the service that covered the period of January 2023 to December 2023. The annual report gave a good overview of the service. Issues for improvement were identified and there was evidence that these had been progressed. For example, the introduction of a waking night staff.

The provider also completed unannounced audits of the service every six months. The most recent audit was completed on 22 April 2024 and the report was reviewed by the inspector. Again, the report gave a good overview of the service. Actions needed to improve the service were identified and allocated to named person to complete within a specific timeframe.

Communication with staff was promoted through regular team meetings and supervision sessions. The inspector reviewed the supervision schedule and found that all staff had completed supervision sessions and that further dates were planned. The minutes from the three most recent team meetings were reviewed. These meetings gave opportunities to share information about the care and support of residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted their statement of purpose as part of the documentation required to renew the registration of the centre. This was reviewed by the inspector and found to contain the information outlined in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure in place.

The inspector reviewed records in the centre relating to the recording and processing of complaints. It was noted that complaints were recorded along with the actions taken to address the complaint. The records also indicated if the complaint had been closed out to the satisfaction of the complainant. This meant that issues raised by residents and families could be dealt with effectively.

Complaints were included as a standing item on the team meeting agenda. The complaints procedure was displayed within the centre in a picture-based format.

Judgment: Compliant

Quality and safety

The service in this centre was of a very good quality. It ensured that residents had freedom to exercise choice in their daily lives. Residents' safety was promoted in this centre through good risk management procedures and clear guidance to staff.

Residents in this centre received a good quality, person-centred service that promoted their human rights. The residents were supported to engage in activities that were meaningful and fulfilling. This ensured that their personal and social needs were met. Their healthcare needs were identified and residents received good support to ensure that they maintained good health through access to a wide variety of healthcare professionals. The information from these professionals was implemented in the centre. This included meal preparation to meet residents' nutritional needs. It also included the use of high-contrast handrails and pictures in

the centre.

Residents were kept safe in the centre. Staff were knowledgeable on how to support residents to manage their behaviour. Safeguarding plans were devised and implemented to protect residents from abuse. Risk assessments were comprehensive and identified good control measures to reduce risk to residents. There was clear information available if residents were admitted to hospital.

Regulation 10: Communication

The provider had made arrangements to ensure that residents were supported to communicate their needs and wishes.

The inspector reviewed the communication profiles of three residents. The communication profiles had all been reviewed within the previous 6 months. Where required, the support of a speech and language therapist had been sought to assess the residents' communication needs and to make recommendations. The communication profiles clearly outlined how to support residents with their communication. This meant that staff had the knowledge to effectively support residents to make their needs and wishes known. It also guided staff on how to present information in a way that was accessible to residents.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that residents had control of their personal property and were supported to manage their financial affairs.

The inspector reviewed the records for one resident and found that a financial assessment had been completed with the resident to identify the support they needed managing their finances. Residents had their own financial accounts and the inspector noted that bank statements were issued to residents routinely. Regularly checks of receipts were completed and the inspector viewed the most recent financial check that had been completed for one resident.

This meant that residents had control of their funds and could choose how to spend or save their money. The financial assessments and checks safeguarded and supported residents in relation to their finances.

Judgment: Compliant

Regulation 13: General welfare and development

The residents in the centre were supported to engage in activities that were in line with their interests and promoted their personal development. This included activities within the centre and in the wider community.

As outlined previously, residents' hobbies and interests were supported within the centre with access to musical instruments and supporting a resident to have a pet cat.

The inspector reviewed the records of three residents' activities for June, July, August and September 2024. These showed that residents were supported to engage in a wide variety of activities. These included daily tasks, for example, going to the recycling centre, and social activities, for example, going to the cinema or out to dinner. Residents were supported to be active members of their community by engaging in community groups and their local church. They were supported to go on holidays and to maintain contact with family and friends.

Judgment: Compliant

Regulation 17: Premises

As outlined in the opening section of the report, the premises were well-suited to the needs of the residents.

The centre was clean and in a good state of repair. It was nicely decorated. It was accessible to all residents. Residents had enough space to spend time together or alone. There was space to receive visitors in private. The centre was equipped with items needed by the residents for activities of daily living. It was also equipped with items that supported the residents' interests and hobbies.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the nutritional needs of residents were met.

Residents were supported to make choices about their meals. This was evident from a review of the minutes of the residents' weekly meetings where residents chose their lunches and dinners for the week ahead.

Residents had access to relevant healthcare professionals in relation to their

nutritional needs. He inspected the recommendations that were made by a speech and language therapist for one resident in relation to safe food and fluid consistencies. Staff were knowledgeable of these recommendations and how to prepare foods to the correct consistency.

There was ample fresh food in the centre for residents' meals and for snacks.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was a good system in place to share information in relation to the care and support of residents should they be admitted to hospital.

The inspector reviewed one resident's hospital passport. This document contained the necessary information to guide staff taking over the care of the resident if they were admitted to hospital. The document was reviewed and updated annually.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a good system in place for the assessment and management of risk.

The inspector reviewed the risk register in the centre. This was found to be comprehensive and up-to-date. The risk assessments were relevant to the service and the control measures gave clear guidance on how to reduce risks. The risk assessments were updated at regular time periods. They were also updated when changes occurred that impacted on the level of risk.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that each resident had an assessment of their needs and a personal plan in place to support those needs.

The inspector reviewed two of the five residents' assessments and personal plans and found that they had been completed within the previous 12 months. The residents' health needs were assessed annually and this included a health check

with their general practitioner (GP). Their personal and social needs were identified at their annual meeting. The residents' personal plans showed that they were involved in setting their goals for the year. This meant that the residents were supported in their personal development towards goals that were meaningful to them.

There was evidence of progress towards the residents' goals through update notes and photographs. This ensured that the personal plans were available in a format that was accessible to the residents.

Judgment: Compliant

Regulation 6: Health care

The residents' health needs were well managed in this centre.

The inspector reviewed one resident's health plan. This plan contained detailed information to guide staff on how to support the resident with their health needs. The plans also showed that the resident was supported to attend appointments with a variety of healthcare professionals, as required. This was also noted on the day of inspection with one resident being supported to attend two medical appointments.

Training records indicated that staff had received training in areas of healthcare that were specific to the needs of residents. The provider had taken proactive steps to promote the health of residents and to support any future health needs that were likely to arise. This included some structural changes in the centre and the addition of picture supports.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that residents were supported to manage their behaviour.

The inspector reviewed positive behaviour support plans for two residents. These were developed by an appropriately qualified professional and had been recently updated. There was evidence that the recommendations in the plans were in use in the centre, for example, visual support systems. Staff were very clear on how to support residents with their behaviour. The information that they gave to the inspector was in line with the recommendations in the positive support plans.

The inspector reviewed the documents relating to restrictive practices in the centre. Where restrictive practices were used, these had been reviewed by the provider's

human rights review committee within the previous 12 months. There was a corresponding risk assessment for these restrictions and a log maintained of when they were used.

Judgment: Compliant

Regulation 8: Protection

The provider had taken steps to protect residents from abuse.

The inspector reviewed the safeguarding plans in the centre. This showed that the provider had followed appropriate procedures to manage safeguarding incidents. Safeguarding plans were devised, implemented and reviewed. The incidents had reduced with the introduction of these plans. All staff had up-to-date training in safeguarding. Safeguarding was a regular item discussed at residents' weekly meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

Residents were supported to exercise their civil rights. The inspector noted that one resident's personal plan showed that the resident had been supported to cast their vote at the most recent election.

Weekly resident meetings were held in the centre. The inspector reviewed the minutes from the meetings held in August and September 2024. Residents were supported to make choices at these meeting in relation to their meals and activities for the week ahead. Human rights, advocacy and complaints were also discussed at these meetings.

Staff were observed offering choices to residents and respected these choices.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	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