



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:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Announced
Date of inspection:	18 April 2024
Centre ID:	OSV-0002398
Fieldwork ID:	MON-0034767

About the designated centre

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

The Pines is a designated centre operated by St. Michael's House. It provides residential care and support for up to four adults with an intellectual disability. Residents with additional physical and sensory support needs can also be accommodated in the designated centre. The designated centre can support residents with additional support needs such as alternative communication needs, specialist diet and nutrition programmes, and residents with well-managed health conditions, such as epilepsy or diabetes. The centre can also support people with a dual diagnosis of intellectual disability and mental health diagnosis. The centre comprises a detached, two-storey house in a busy Dublin suburb. Each resident has their own bedroom. The centre is managed by a person in charge and person participating in management as part of the provider's governance oversight arrangement for the centre. The staff team consists of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 18 April 2024	09:40hrs to 16:30hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

Overall, the inspector found that the centre was operating at a high level of compliance with the regulations, and that residents were happy and safe living in the centre.

The centre comprised a large two-storey house in a busy Dublin suburb. The centre was within a short distance of many amenities and services, including shops, cafés, pubs, and parks. There was also a vehicle available in the centre for residents to access their community and beyond.

The person in charge accompanied the inspector on an observational walk-around of the centre. Each resident had their own bedroom. The bedrooms were comfortable, and decorated to the individual residents' personal tastes. The communal living areas included two sitting rooms, a kitchen dining area, and a large back garden. The kitchen was well-equipped, and the inspector observed a good selection of food and drinks available to residents. There were also shared bathrooms, a utility room with laundry facilities, and two staff offices. Overall, the inspector found the premises to be clean, bright, well-maintained, and appropriately furnished. It was also homely and nicely decorated. For example, photographs of residents were displayed in the hallway.

The inspector also observed good fire safety systems, including fire detection, containment and fighting equipment. The premises and fire safety precautions are discussed further in the quality and safety section of the report.

On the day of the inspection, there were two residents living in the centre. In advance of the inspection, staff had supported residents to complete surveys on what it was like to live in the centre. Their feedback was positive, and indicated that residents were safe, had choice and control in their lives, got on with their housemates, and were happy with the services and facilities available to them in the centre. The comments included "I am happy with everything", "I wouldn't want to live anywhere else" and "staff are always there for me". One resident also spoke about "new" staff working in the centre, and this matter is discussed further in the next section of the report.

Both residents were happy to speak with the inspector during the inspection. The first resident told the inspector that they were happy in the centre, and got on well with their housemate. They were satisfied with the premises, and said that they "love the décor" in the house. They said that there were no restrictions on friends

and family visiting the centre. They described the staff as being "beautiful people" and said that they "couldn't be any nicer or kinder" to residents. They also described the food as "excellent", and was satisfied with the support they received from staff to cook their meals. The resident was a strong self-advocate, and told the inspector that their rights were upheld and respected in the centre. For example, they controlled their own finances and could spend their money as they wished. They were also active in their community, and worked part-time in a job they enjoyed. They had no concerns about the service provided to them in centre. However, they told the inspector that they had made complaints in the past, and was satisfied with how they were managed and resolved.

The other resident was at their day service for most of the inspection, but made the time to speak with the inspector. The inspector reviewed the resident's survey with them. They did not provide any additional feedback, however they did say that they were happy living in the centre and with the supports they received.

Overall, the inspector observed that the residents appeared relaxed and content in their home, and that staff engaged with them in a very kind and respectful manner.

The inspector found that effective arrangements were in place to ensure that residents were supported to communicate their wishes, and make decision about the centre and the care they received. For example, the complaints procedure was available for residents to use, and some had availed of it in the past. Residents also attended regular house meetings. The inspector viewed a sample of the minutes from meetings in February, March and April 2024. The topics discussed included menu planning, fire safety, the complaints procedure, advocacy services, activity planning, and residents' rights. Easy-to-read material was available to aid residents' understanding of the topics discussed. For example, there was information on rights, infection prevention and control, complaints, healthy eating, and accessing multidisciplinary services. Meeting minutes from April 2024, noted that residents had complimented staff on the "wonderful" job they do, and that residents said that they would talk to staff if they were unhappy with anything.

In addition to the house meetings, residents attended individual goal planning meetings where they were supported to plan personal goals, such as going on day trips and excursions. The provider's recent annual review of the centre had also ensured that residents and their representatives were consulted with and given the opportunity to express their views.

The inspector spoke with staff working during the inspection, including the person in charge, service manager, and social care workers.

The person in charge and service manager told the inspector about the significant changes that had occurred in the centre since the previous inspection in May 2023, such as the recent discharge of two residents due to their increased medical needs. They spoke about the challenges and increased pressure experienced by staff in meeting those residents' needs before they were discharged. For example, the skill-mix comprised social care workers, and they felt limited in their skill-set to assess and meet some of the residents' more complex needs. The provider had responded

by increasing the staffing levels and skill-mix on a temporary basis. The management team were satisfied that the discharge of the residents to more suitable centres was positive for them. The discharges had also had a positive effect in the centre, by mitigating incompatibility concerns and stabilising staffing levels.

The management team told the inspector that the provider did not have plans to fill the two vacancies at the time of the inspection, and hoped that residents would have more stability following the recent changes in the centre.

The management team were satisfied that the residents living in the centre were happy, that their needs were being met, and that they received good care and support from the staff team. They had no concerns, however were satisfied that any potential concerns could be escalated as required.

Social care workers told the inspector that residents had a good quality of life, and received individualised care and support. They said that residents were supported to exercise choice in their lives, and had sufficient opportunities to participate in activities they enjoyed, such as attending day services, arts and crafts, eating out, visiting family and friends, going to the cinema, and doing therapeutic activities, such as meditation and reflexology. The residents also enjoyed it when therapy dogs visited the centre.

They told the inspector about how the changing needs of residents and incompatibility issues in the centre prior to the inspection had been challenging and stressful to manage at times. For example, increased staffing levels in the centre had caused anxiety for some residents, and staff felt limited in their ability to meet complex medical needs. They said that the person in charge and service manager were very supportive during this time, and they felt confident in raising any concerns with them. They were satisfied that these issues had been resolved, however were concerned that similar issues could be experienced in the future.

They told the inspector about the content of residents' care plans, such as behaviour support, evacuation, safeguarding, and dysphagia care plans. They were knowledgeable on the interventions to be in place, and it was clear that they knew the residents' individual personalities well.

Overall, the inspector found that residents were in receipt of a good quality service, and that arrangements were in place to meet their assessed needs and wishes. However, consideration from the provider was required regarding how the use of additional staff in the centre may adversely affect other residents.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was carried out as part of the provider's application to renew the registration of the centre. The provider had submitted an application to renew the registration of the centre, and the inspector found that the application contained the required information set out under the associated regulation and the related schedules.

Overall, the inspector found that there were good management systems in place to ensure that the service provided to residents living in the centre was safe, consistent, and appropriate to their needs. The provider had also ensured that the centre was well-resourced. For example, staffing levels had increased and the skill-mix had been enhanced in response to residents' increased medical needs. However, the increased staffing levels had adversely affected other residents' experience of living in the centre.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. They were supported in their duties by a deputy manager. The person in charge reported to a service manager, and there were systems for them to communicate. The management team were promoting a person-centred service, and it was clear that they were committed to ensuring that residents' needs were being met.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. The management team monitored actions identified from audits and reports to ensure that they were progressed.

The staff skill-mix at the time of the inspection consisted of social care workers. The person in charge and service manager were satisfied that the skill-mix was appropriate to the assessed needs of the current residents. Earlier in the year, the provider had enhanced the skill-mix to include nursing staff. The enhancement was due to the increased medical needs of some residents, and concerns from the staff team that they were not equipped in this area. The inspector viewed the recent staff rotas from 2024, which showed a high use of agency and relief staff to cover the additional staffing requirements. While the arrangement was appropriate for the residents concerned, it had an adverse impact on other residents who did not like the increased footfall in the centre, particularly from agency and relief staff.

The inspector also found that improvements were required to the design of the rotas to clearly show the hours worked by staff.

There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal appraisal meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed the April 2024 staff team meeting minutes which reflected

discussions on infection prevention and control, complaints, staff training, health and safety matters, and incidents. The inspector found that concerns raised by staff were listened to by the management team and escalated, such as their concerns about the staff skill-mix.

There was an effective complaints procedure in place. The procedure had been prepared in an easy-to-read format and was readily available to residents in the centre. It was also promoted at their residents' meetings. The inspector found that complaints made by residents had been appropriately recorded and were being managed to resolution.

The person in charge had ensured that incidents occurring in the centre were notified to the Chief Inspector of Social Services in accordance with the requirements of regulation 31.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. For example, the residents' guide and statement of purpose.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in social care and management.

The person in charge demonstrated effective governance, operational management and administration of the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection.

There was one part-time vacancy. The vacancy was being covered by relief and agency staff, and the person in charge endeavoured to reduce the impact on residents' continuity of care by using familiar staff where possible.

Prior to the inspection, the provider had enhanced the staffing arrangements in the centre on a short-term basis due to the increased medical needs of some residents. While the provider had appropriately responded to the needs of those residents, the increased amount of staff working in the centre, had adversely impacted on other residents. For example, staff told the inspector that the busier environment had caused increased anxiety for one resident. That resident's survey also noted that sometimes "it can be noisy" when there is "a lot of new staff".

The inspector viewed the staff rotas for January, February, March, and April 2024, which showed a high use of agency and relief staff during those months. For example, over 90 shifts were covered by relief and agency staff during February and March. Concerns about the impact on residents from the amount of new staff working in the centre were highlighted in correspondence to a member of the provider's multidisciplinary team in March 2024. However, the temporary staff arrangements were due to cease following the recent discharge of two residents, which would result in stabilisation of the staff team and increased consistency.

The inspector also found that the rotas did not clearly show the hours worked by all staff. For example, some shifts were represented with codes. However, the codes were not clearly defined on the rotas to indicate the exact hours worked. The person in charge began to update the rotas during the inspection to ensure that the codes were defined.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was generally well-resourced in line with the statement of purpose. For example, the premises were well-maintained, and residents had access to multidisciplinary services as they required.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and based in the centre. Since the previous inspection of the centre in May 2023, the provider had increased the hours allocated for the person in charge to carry out their management and administrative duties. The person in charge was satisfied that these arrangements were sufficient. They were also supported in their role by a deputy manager. For example, the deputy manager helped the person in charge oversee documentation.

The person in charge reported a service manager who in turn reported to a Director

of Care. There were good arrangements for the management team to communicate, including formal meetings and sharing of governance reports. The person in charge and service manager demonstrated a clear understanding of the service to be provided in the centre, and were driving a human rights-based approach to residents' care.

The provider had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews (which had consulted with residents and their representatives) and six-monthly reports were carried out, along with a suite of audits in the areas of health and safety, and infection prevention and control. The audits identified actions for improvement, which were monitored by the management team to ensure progression.

There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could easily raise any concerns with the person in charge or service manager. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was available in the centre to residents and their representatives.

The inspector reviewed the statement of purpose with the person in charge, and found that minor updates were required. For example, the conditions of registration were not accurate.

Judgment: Compliant

Regulation 30: Volunteers

There were good arrangements for the management of volunteers working with residents in the centre.

Volunteers had their roles and responsibilities set out in writing. They supported residents in line with their individual wishes and interests. For example, they participated in activities that residents enjoyed, such as arts and crafts.

There were arrangements for the supervision and support of volunteers, and to

safeguard residents, they were required to submit an up-to-date vetting report.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre in the previous 12 months, such as allegations of abuse, loss of power, outbreaks of notifiable diseases (COVID-19), injuries to residents, and use of restrictive practices, and found that they had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents, which was underpinned by a written policy. The inspector viewed the policy and found that it sufficiently outlined the complaints processes, including the relevant persons' roles and responsibilities, and arrangements for residents to access advocacy services.

The procedure had been prepared in an easy-to-read format and was readily available in the centre for residents to view. It was also discussed at residents' meetings to aid their understanding of how to make a complaint. Residents told the inspector that they had made complaints in the past and were satisfied with how they were resolved. The inspector found that the complaints made by residents had been appropriately recorded, and had also been notified to the provider's complaints officer.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support. Residents living in the centre on the day of the inspection told the inspector that they were happy living in the centre and with the services provided to them. The inspector observed a relaxed environment, and staff

engaged with residents and attended to their needs in a kind and professional manner.

The premises comprised a large two-storey house located in a busy Dublin suburb. The house was close to many amenities and services. The house comprised individual residents' bedrooms, and communal spaces, including sitting rooms, a utility room, an open-plan kitchen and dining room, and bathrooms. The kitchen was well-equipped for residents to store and prepare food, and there was a good selection of food and drinks for them to choose from. There was also a large rear garden, and staff rooms. There was sufficient space for accommodating residents' visitors. Overall, the house was homely, comfortable, well-maintained, and nicely decorated.

Parts of the centre were not fully accessible to residents living there. For example, there was a step into the utility room which impinged on residents with decreased mobility from using the room. However, residents were not overly impacted by this matter, and told the inspector that they were satisfied with the premises.

The inspector observed good fire safety precautions. For example, there was fire-fighting and detection equipment throughout the house, and staff had received fire safety training. Individual evacuation plans had also been prepared, which outlined the supports residents required to evacuate the centre.

The person in charge had ensured that residents' needs had been assessed to inform the development of personal plans. The inspector reviewed a sample of residents' plans, including plans on eating and drinking, intimate care, safety, personal goals, and healthcare. They were up to date and readily available to guide staff practice. The inspector found from speaking with staff that they were aware of the care plan interventions and were applying them accordingly.

The inspector also found that appropriate arrangements were in place to support residents' health and wellbeing. For example, residents had access to the provider's multidisciplinary team services as well as community based services. They had also been supported to avail of national screening programmes as they wished.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse, and safeguarding plans were in place. There had been recurring safeguarding risk in the centre due to resident incompatibility issues, however they had recently full resolved.

The inspector also found that there were appropriate practices and systems for the ordering; receipt; prescribing; storage; and administration of medicines in the centre. For example, residents' medicines were securely stored and records indicated that residents received their medicines in line with their prescriptions and associated directions.

Regulation 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes.

The premises provided suitable communal facilities and private space for residents to spend time with visitors such as their family members. Residents told the inspector that they could receive visitors as they wished.

Judgment: Compliant

Regulation 17: Premises

The centre comprised a large two-story building close to many local amenities and services. The premises were found to be appropriate to the number of residents living in the centre at the time of the inspection.

The premises were found to be clean, tidy, bright, homely, and nicely furnished. The communal space included two sitting rooms, and a kitchen and dining room. There was also a large and inviting rear garden with seating furniture for residents to use. The house was nicely decorated. For example, photographs of residents were displayed in the hallway. The sitting rooms were homely, and had large televisions and board games for residents to use. There was also Internet available in the house for residents to stream entertainment. There were sufficient bathroom facilities, and the kitchen was well equipped. Since the previous inspection, parts of the premises had been upgraded. For example, there were new handrails in the bathrooms.

Residents told the inspectors that they were very happy with the premises, including their bedrooms, which were nicely decorated to their tastes.

The provider had ensured that specialised mobility equipment, such as electric beds and hoists, was available to residents as required. There were also arrangements to ensure that the equipment was kept in good working order, such as regular servicing.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in

the purchase, preparation and cooking of their meals as they wished.

The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from, and it was hygienically stored. The kitchen was also well-equipped with cooking appliances and equipment. The inspector observed staff cooking meals in accordance with residents' wishes and dietary needs, and their meal-time experience appeared relaxed. Residents planned their main meals on a weekly basis, but they could also make decisions on a daily basis. Residents told the inspector that the food in the centre was "excellent".

Some residents required modified diets. Associated care plans had been prepared by the provider's speech and language therapy service to guide staff in preparing residents' meals. The plans were up to date and readily available in the centre. Staff had received training in supporting residents with modified diets, and the inspector found that staff spoken with were knowledgeable on the contents of the associated care plans.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented effective fire safety precautions in the centre.

There was fire detection and fighting equipment, and emergency lights, and it was regularly serviced to ensure it was maintained in good working order. The inspector released a sample of the fire doors, including the bedroom doors and the kitchen door, and observed that all doors closed properly except for one bedroom door, which the inspector brought to the attention of the person in charge.

There was good monitoring of the fire precautions. Staff completed daily and monthly fire safety checks, and the person in charge completed a more extensive quarterly check of the fire precautions. A fire safety report had also been carried out in March 2024 and identified actions for improvement, which the inspector found had been implemented. The provider's fire safety officer had also visited the centre the day before the inspection, and made some recommendations, such as changing the locks on some of the exit doors, such as the front door, to ensure that they could be opened without the need for a key to support the prompt evacuation in the event of a fire.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they required in evacuating. The inspector found that the main evacuation plan required minor revisions to ensure that it was up to date. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the fire plans.

Staff had completed fire safety training, and it was also discussed with residents at their house meetings to remind them of the evacuation procedures.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that the medicine practices in the centre, including the practices for the storage and administration of medicines, were appropriate and in line with their associated written policy.

The inspector observed that residents' individual medicines were clearly labelled and securely stored in a locked press. The inspector viewed the residents' recent medication administration sheets and records. They contained the required information, as specified in the provider's policy, such as the resident's name, allergies, photograph, medicine names and dosages, and were neat and well-maintained. The records indicated that residents had received their medicines as prescribed. For example, at the prescribed time. The inspector also observed that opened medicines were labelled with an opening date to ensure that they were used or disposed of within the manufacturer's directions.

There were arrangements to ensure the delivery of safe medicine practices. For example, staff had received training on the safe administration of medicine. There were also arrangements for the monitoring of medicine use. For example, regular stock checks of medicines were taken.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of written care plans for staff to follow.

The inspector viewed a sample of the assessments and care plans prepared for the residents living in the centre at the time of the inspection. The plans related to positive behaviour support, intimate care, safety, emotional and physical health, and communication. The inspector found that the plans were up to date and readily available to guide staff practices. The plans also reflected multidisciplinary team input as required. The plans were written using person-centred language, and aspects of some plans, such as eating and drinking plans, had been prepared in an easy-to-read format to be more accessible for residents.

Judgment: Compliant

Regulation 6: Health care

The registered provider and person in charge had ensured that residents received appropriate health care. The service operated under a social care model. However, residents had access to the provider's multidisciplinary team and community healthcare services as they required. For example, general practitioners, dentists, physiotherapists, psychologists, speech and language therapists, chiropodists, opticians, and specialist services. Nurses had also been employed in the centre on a temporary basis to respond to residents' changing healthcare needs. Residents had also been supported to avail of National Screening Services, such as BowelScreen and BowelCheck, as they wished.

Written support plans had been prepared and well readily available in the centre, to inform staff on residents' healthcare needs and the associated interventions to be followed. Residents were also supported to understand their health conditions. For example, some residents had recently attended an information morning on preventing falls, and regularly attended specific health condition support groups.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse, which were underpinned by a written policy. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to easily refer to.

The inspector found that safeguarding incidents had been appropriately reported and managed by the staff team and provider. There had been recurring safeguarding risks to residents in the centre due to the incompatibility of residents. However, the inspector found that these risks had been mitigated following the recent discharge of some residents from the centre.

Intimate care plans had been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 8: Protection	Compliant

Compliance Plan for The Pines OSV-0002398

Inspection ID: MON-0034767

Date of inspection: 18/04/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. PIC has identified all shift patterns (including coded shifts) on the roster to ensure exact hours are visible. This has been saved to the template for future rosters. 2. Temporary staffing arrangements to support resident with medical needs have now ceased due to the resident moving to another designated centre. Shift pattern has returned to 1 sleepover staff and 1 staff 8am-8pm to support residents. 3. Provider has applied to reduce the number of residents in the designated centre to 2 persons within the application to renew registration. Roster WTE has been reviewed in line with this. 4. Due to these changes, staffing levels have stabilized and there is no requirement for relief/agency staff. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	17/04/2024
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	17/04/2024