



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

Issued by the Chief Inspector

Name of designated centre:	Pinewood Lodge
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	01 September 2021
Centre ID:	OSV-0005551
Fieldwork ID:	MON-0029869

About the designated centre

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

The centre is located a short distance from a town in county Meath. It aims to provide a residential service for up to 6 adults both male and female over the age of 18 years diagnosed with intellectual disabilities, autism, acquired brain injuries and who may also have mental health difficulties. It is the aim of the service to promote independence and to maximise quality of life through person centred principles within the framework of positive behaviour support. The centre is a two storey detached building consisting of 6 bedrooms, 1 of which has an en-suite. There is a kitchen, 3 communal recreational rooms, 2 bathrooms and 1 wc. The centre is staffed by team leads, support workers and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 1 September 2021	10:10hrs to 18:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This service comprised of a large detached house in county Meath in close proximity to a large town and a number of villages.

The inspector met and spoke briefly with two residents so as to get their feedback on the service provided. Written feedback on the quality and safety of care from five residents and two family representatives was also reviewed as part of this inspection.

On arrival to the service, the inspector observed that the premises were clean, spacious, welcoming and, each resident had their own room. Two residents were having breakfast in the company of staff and spoke briefly to the inspector, saying that they liked their home. Staff were observed to be person centred, warm and friendly in their interactions with the residents and, residents appeared relaxed and comfortable in the presence of staff.

Throughout the day, the inspector observed residents engaging in activities of their choosing (with staff support as required) such as going on social outings and drives. Other residents chose to stay at home and relax, engaging in activities that they liked.

Written feedback from residents on the quality and safety of care was both positive and negative. For example, residents said they liked the staff team, staff were supportive of them, they liked the social activities available and, were happy with the support provided.

However, in their written feedback, some residents also reported that they were not happy with the level of noise, banging, fighting and shouting in their home with one reporting that at times, they felt unsafe in the house.

The inspector followed up on this and found that a resident had transitioned into the house in November 2020. The resident in question could engaged in frequent, serious and prolonged incidents of challenging behaviour. While this issue was addressed six days before this inspection on August 26, 2021 (as the resident in question had transitioned to a new home), it had been ongoing for some time and had not been addressed in a timely manner by the provider.

For example, some residents had raised their concerns via the complaints process as far back as February 2021 saying they were not happy about this issue and found it upsetting. One resident also refused to have their meals in the dining room because of this. On review of a sample of safeguarding plans from April and May 2021, the inspector also observed that residents were reported to be upset, anxious, distressed and frightened at times, due to the level and frequency of adverse incidents and challenging behaviour occurring in their home.

A provider led audit of the service was carried out in April 2021 however, this audit did not identify how residents rights were impacted by the above issues and, they weren't resolved until the resident was discharged on August 26, 2021. This meant that over the last eight months, residents were at times stressed, anxious, uncomfortable and living in fear in their own home, as the provider had failed to address their concerns in a timely manner.

Notwithstanding, written feedback on the service from two family members was positive. For example, family members reported that they were happy with the care provided in the house, happy with the attitudes and approach taken by staff, happy with the level of choice provided to residents and found staff helpful.

It was also observed that the person in charge and staff team were very knowledgeable on and responsive to the needs of the residents living in this service. On the day of this inspection, residents also appeared happy, relaxed and comfortable in the presence of the staff team.

However, the governance and management arrangements in place required review as the provider had failed to address serious concerns about the quality and safety of care provided in this centre in a timely manner. While these issues was addressed at the time of this inspection, residents rights to feel comfortable and safe in their home had been compromised over the last eight months. Minor issues were also identified with the individual planning process and premises.

The following two sections of this report, further discusses the above issues in more detail.

Capacity and capability

The governance and management arrangements required review as to ensure the service was at all times safe and effectively monitored. Residents rights to a peaceful, relaxed and safe home had been compromised in this centre over the last eight months and, while these issues were resolved in August 2021, the provider had not resolved them a timely manner.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by two team leads both of whom worked in the house on a regular basis. The person in charge was an experienced, qualified nursing professional and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the assessed needs of the residents were being provided for.

They also ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding

of vulnerable adults, fire safety training, Children's First, medication management, first aid, positive behavioural support and manual handling.

The person in charge was also found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge also ensured the centre was monitored and audited as required by the regulations. For example, there was an annual review of the quality and safety of care undertaken for 2020 and, there were also a number of localised audits being carried out in the centre. These audits were ensuring that issues were being identified and addressed. For example, a local audit on medication practices identified a need for a pharmacist to undertake an audit of all medications stored in the service. Another audit on fire safety identified that the kitchen door required repairing. The person in charge had devised an action plan so as to ensure these issues were addressed (or would be addressed) in a timely manner.

However, the last provider led six monthly audit (April 2021) was not effective in identifying or addressing issues impacting on the rights of residents living in this service. Given the findings on inspection the inspector formed the view that the governance and management arrangements required review so as to ensure the service was at all times safe and effectively monitored.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nurse with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, first aid, positive behavioural support and manual handling.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements required review as to ensure the service was at all times safe, appropriate to the needs of the residents and effectively monitored.

Judgment: Not compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Quality and safety

Residents were supported to engage in social activities of their choosing and systems were in place to meet their assessed health and social care needs. However, some issues were found with regard to residents rights, the individual planning process and premises.

The individual social care needs of residents were being supported and encouraged.

From viewing a small sample of files, the inspector saw that the residents were being supported to engage in social activities of their choosing. For example, some residents liked to go for drives, walks and social outings and these were being facilitated for them. Residents independence was also supported and independent living skills development, formed part of their daily routine.

Residents also had a number of goals that they were working on at the time of this inspection. For example, some residents wanted to open a bank and/or post office accounts while others were compiling a photograph album book. However, some goals and documentation around same required review so as to ensure the most up-to-date information on their progress, was recorded and available.

Residents were supported with their healthcare needs and, as required access to a range of allied healthcare professionals, to include general practitioner (GP) services formed part of the service provided. Residents also had access to a speech and language therapy, physiotherapy, ophthalmology, dental and chiropody services. Some residents had significant medical needs however, the person in charge was a qualified nurse and, the staff team were supported in meeting the needs of those residents. The centre also had access to and support from a community care nurse and there was a management on-call facility available to the staff team on a 24/7 basis. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support techniques. From speaking with two staff members over the course of this inspection, the inspector was assured that they had the knowledge to meet the assessed needs of the residents.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. At the time of this inspection, there was only one active safeguarding plan in place. From a sample of staff files viewed, staff had training in safeguarding of vulnerable adults and from speaking with two staff members over the course of this inspection, the inspector was assured they had had the knowledge and confidence to respond to any safeguarding concern as required.

The inspector observed there had been a number of safeguarding concerns ongoing in this service throughout 2021 which had impacted on residents rights to feel safe in and enjoy their own home. However, these issues had been addressed by the time of this inspection and were discussed/actioned under Regulation 23: Governance and Management and Regulation 9: Residents Rights.

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so identifying risks and control measures required to manage such risk. There was adequate fire fighting equipment in the house, to include a fire panel, emergency lighting, fire extinguishers and fire doors. Fire equipment was being serviced as required and fire drills were being facilitated

quarterly. Each resident had a personal emergency evacuation plan in place which were updated to record the supports they required during a fire drill.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. The person in charge also reported that there were adequate supplies of personal protective equipment (PPE) available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. There were enhanced cleaning schedules in place and the centre was observed to be clean on the day of this inspection.

The centre was also observed to be homely, warm and welcoming on the day of this inspection however, some areas required repainting and some carpets required cleaning and/or replacing.

While systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required), residents rights had not always been adequately protected in this service. For example, because of frequent behavioural incidents displayed by one resident, other residents were not always able to exercise freedom, choice or control over their daily lives. This was because when such incidents were occurring, staff had no alternative to redirect the residents to other parts of their home so as to ensure their safety and wellbeing.

Residents also reported that during these times, they felt anxious, stressed and unsafe in their home. While this issue had been addressed prior to this inspection, it had not been addressed in a timely manner and residents rights to enjoy a peaceful and safe home had been compromised because of this.

Regulation 17: Premises

The centre was also observed to be homely, warm and welcoming however, some areas required repainting and some carpets required cleaning and/or replacing.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so identifying risks and control measures required to manage such risk.

Judgment: Compliant

Regulation 27: Protection against infection

Systems in place to mitigate against the risk of an outbreak of COVID-19. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. There were enhanced cleaning schedules in place and the centre was observed to be clean on the day of this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

There was adequate fire fighting equipment in the house, to include a fire panel, emergency lighting, fire extinguishers and fire doors. Fire equipment was being serviced as required and fire drills were being facilitated quarterly. Each resident had a personal emergency evacuation plan in place which were updated to record the supports they required during a fire drill.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Some goals and documentation around same required review so as to ensure the most up-to-date information on their progress was recorded and available.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. From speaking with two staff members over the course of this inspection, the inspector was assured that they had the knowledge to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. At the time of this inspection, there was only one active safeguarding plan in place. From a sample of staff files viewed, staff had training in safeguarding of vulnerable adults and from speaking with two staff members over the course of this inspection, the inspector was assured they had had knowledge and confidence to respond to any safeguarding concerns as required.

Judgment: Compliant

Regulation 9: Residents' rights

Because of frequent behavioural incidents displayed by one resident, other residents were not always able to exercise freedom, choice or control over their daily lives. This was because when such incidents were occurring, staff had no alternative to redirect the residents to other parts of their home so as to ensure their safety and wellbeing. Residents also reported that during these times, they felt anxious, stressed and unsafe in their home. While this issue had been addressed prior to this inspection, it had not been addressed in a timely manner and residents rights to enjoy a peaceful and safe home had been compromised because of this.

Judgment: Not 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	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Pinewood Lodge OSV-0005551

Inspection ID: MON-0029869

Date of inspection: 01/09/2021

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The quality and safety of service provision will be reviewed formally monthly during governance meetings. These meetings are held between the person in charge and the Assistant Director of Services. These meetings will include an overview of any complaints, safeguarding concerns and adverse incidents. Any actions identified from these meetings will be escalated or responded to in a timely manner.</p> <p>The quality and safety of service provision will be reviewed and reported on during each 6 monthly report on the safety and quality of care and support within the centre. This mechanism provides assurances to the provider that the designated centre is fit for purpose. Rights will be a standing item for review during all 6 monthly reviews.</p> <p>Where residents have been identified for transition, this is will be progressed at the earliest possible opportunity. Priority transitions are now identified during transition meetings using a color coded traffic light system. This system will be used to progress transitions in line with impact and risk.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A maintenance plan for the premises was in situ during the inspection with indicative timelines of when works would be completed. Post inspection and in line with the maintenance plan, the centre has been painted and carpets have been replaced.</p> <p>Going forward staff will copy the Person in Charge (PIC) on any emails sent to maintenance. PIC will ensure all appropriate maintenance requests are logged on the maintenance log. The standard of maintenance works will be reviewed by the Person in Charge. Progress with maintenance requests will monitored during monthly governance</p>	

<p>meetings between the Person in Charge and Assistant Director of Services. Premises will be reviewed and reported on during each 6 monthly report on the safety and quality of care and support within the centre. This will provide assurances that all maintenance works and premises issues are being addressed in a timely manner.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: A review of all residents goals and the documentation in place to support these will be completed to ensure the most up-to-date information on their progress has been recorded and is available.</p> <p>Keyworkers will continue to engage in monthly key working sessions. These meetings will be used to identify and support residents in setting and progressing their goals.</p>	
<p>Regulation 9: Residents' rights</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: It is recognised that while the situation that impacted residents rights was resolved prior to the inspection of the centre, residents' rights had been negatively impacted for a protracted period of time. This was despite a concerted effort by staff and management to avoid this. Going forward,</p> <ul style="list-style-type: none"> • Residents Rights will be a standing item on residents meetings. • Residents Rights will be discussed and reviewed during monthly governance meetings. • Residents Rights will be reviewed during unannounced 6 monthly reviews of the safety and quality of care and support within the centre. 	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	22/10/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	01/10/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more	Substantially Compliant	Yellow	08/10/2021

	frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	01/10/2021