

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:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	16 November 2021
Centre ID:	OSV-0005885
Fieldwork ID:	MON-0026934

About the designated centre

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

This is a respite service that is in operation six days of the week. The service can support four adults, who have an Autism Spectrum Condition. The designated centre is a two storey house in an estate just on the outskirts of a large town in Co. Kildare. There are four bedrooms, a sitting room, a kitchen with breakfast room and a staff office. There are three bathrooms, one upstairs and two downstairs. There is a garden to the back of the house, and transport is available to the respite residents during their stay. The person in charge works full-time in this centre, there is a senior social care worker, and a team of social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 November 2021	10:00hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspection took place in manner so as to comply with current public health guidelines and minimise potential risk to the resident and staff.

The inspector found that residents were receiving appropriate care and support during their respite stays through the review of residents' information. Residents were supported to engage in activities of their choosing, and were being supported in a way that promoted their views and rights. The inspector was introduced to a resident who had just begun their respite break. The resident appeared comfortable in the environment and was engaging in their preferred activities.

The inspector observed that the house was designed and laid out to meet the needs of the residents. Residents had adequate space to take time away if they wished. The house was found to be clean and that overall, it had been well maintained. There were some maintenance works required, but there was a plan in place to address these.

When possible, residents were supported to engage in the activities they wanted to. Residents and staff members completed an activity planner as part of the admission process. Easy-read versions had been created to support some residents to express their views. Some residents sought to be active during their respite stays, whereas others sought to engage in limited activities and enjoy their breaks.

A review of a sample of residents' information demonstrated that they were receiving individualised supports. There was regular contact between the staff team, the residents, and their families. The inspector reviewed questionnaires completed by family members regarding the service being provided. The feedback was positive.

The review of residents' information found that support plans and goals had been identified for residents. The support plans had been devised through consultations between the resident's families, the staff team, and in some cases, the residents themselves. The review of a sample of goals found that they were focused on developing residents' independent living or activities of daily living skills.

Overall, residents were receiving a service that met their needs and, when possible, supported them to engage in activities of their choosing. However, the inspection found that there were some improvements required regarding infection prevention and control practices as well as fire containment. These issues will be discussed in more detail in the Quality and Safety section of the report.

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

Capacity and capability

The inspection found that residents were receiving a consistent and good standard of care. The service was effectively resourced with a clearly defined management structure in place. The service was led by a person in charge and senior social care worker.

The management team had appropriate arrangements in place to ensure that service was effectively monitored. This meant that the service provided was appropriate and focused on meeting the needs of residents. For example, regular audits were being completed that were comprehensive and captured areas that required improvement.

The provider had completed an annual review of the quality and safety of care and support. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these.

There was a staff team in place that was appropriate to the needs and number of residents. A review of the staffing rota displayed that there was a consistent staff team in place. The inspector also reviewed a sample of the staff members' information and found that the person in charge had obtained the relevant information as per schedule 2 of the regulations.

The provider and the centre's management team had ensured adequate arrangements were in place to support, develop, and performance manage the staff team. The staff team supporting the residents had access to appropriate training as part of their continuous professional development. A sample of staff members' supervision records was also reviewed, it was found that the person in charge was ensuring that the staff team was appropriately supervised. The inspector also carried out an appraisal of staff team meetings; these meetings focused on information sharing and ensuring that the best possible service was provided to each resident.

After reviewing a sample of residents' information, the inspector found that residents had been provided with information regarding the complaints procedures. Visual aids had been utilised to support some of the residents with this. There was also information regarding the complaints procedure displayed on a communication board. The inspector reviewed the complaints log and found that there had been no recent complaints submitted.

Regulation 14: Persons in charge

The provider had appointed a person in charge that had the relevant qualifications

and experience for the role.
Judgment: Compliant
Regulation 15: Staffing
The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.
Judgment: Compliant
Regulation 16: Training and staff development
The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.
Judgment: Compliant
Regulation 23: Governance and management
There was an internal management structure that was appropriate to the size and purpose and function of the respite service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge was submitting the required notifications for review by the Chief Inspector as per the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

While residents were receiving appropriate care and support during their respite stays. The inspection did find that two areas required improvement regarding infection prevention and control practices and fire containment measures.

The provider had ensured that there were arrangements for the prevention and control of infection. The provider had adopted procedures in line with public health guidance in response to COVID-19. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control.

In response to the COVID-19 pandemic, the provider had reduced the number of residents attending the service at the same time from four to a maximum of three. The inspector also observed signage in a number of areas that identified the number of persons that were safe to be in areas such as the sitting room and kitchen. Notwithstanding these measures, an infection control risk was identified. The inspector found a sofa in the sitting room that had tears on its surface, there was also a coffee table that had a number of cracks through its centre. The damage to both surfaces meant that these areas were difficult to effectively clean from an infection control perspective.

The provider had developed a range of fire safety management systems. Regular fire drills were taking place, demonstrating that residents and staff members could safely evacuate their house. The inspector reviewed the fire containment arrangements in the centre. It was found that one of the resident's bedrooms door did not fully close following activation of the self-closing mechanism. This impacted the fire containment practices. The provider had ensured that the other fire precautions were appropriate.

Personal plans had been created for residents. The inspector reviewed a sample of these and found that the plans were reviewed and updated when required. There was a system where bi-annual reviews were being completed that studied the progress of residents and identified areas where they may need additional supports. These practices ensured that the changing needs of residents were being captured and responded to. This led to residents having positive respite stays.

There was a review system where residents and possible compatibility issues between residents were reviewed. This had been developed to support positive respite stays for each resident. The review of information found that there were no compatibility issues or safeguarding concerns at the time of the inspection. There were, however, arrangements to respond to safeguarding concerns if required. Staff

members had also been provided with appropriate training in the area.

Positive behavioural support plans had been developed for some residents. These had been created following consultation between residents' families and the staff team supporting the residents. A review of plans found them to be individualised, focused on understanding residents' behaviours and providing step-by-step approaches to best-support residents. Restrictive practices that were being utilised were under regular review; there was also evidence of trials being implemented to reduce restrictive practices when possible.

The provider had developed a comprehensive risk register that captured environmental, social and organisational risks. This was under frequent review and demonstrated effective systems for the assessment, management, and ongoing review of risk. Adverse incidents were reviewed monthly and where required, learning was identified. Individual risk assessments had been developed for residents. The identified control measures were listed, and the assessments were again under regular review.

Overall the provider and ensured that residents received a respite service that catered to their needs. The inspection did, however, find that some areas required improvement.

Regulation 17: Premises

A review of maintenance request records found that the provider had identified that painting works were required in some rooms. The records also showed that there were repairs needed to a wardrobe that was not in use. The inspector was assured that actions were being taken to address the issues.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, there were suitable procedures in place for the prevention and control of infection, which were in line with national guidance for the management of COVID-19. However, it was noted that the damage to some furniture meant that these areas were difficult to clean from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A self-closing mechanism on a resident's bedroom door failed to close when activated by the inspector. This needed to be addressed to ensure there were effective fire containment measures in place for all areas.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural; support if required.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Pines OSV-0005885

Inspection ID: MON-0026934

Date of inspection: 16/11/2021

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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none">• Coffee table removed- completed• Sofa to be replaced• New sofa and coffee table ordered. Expected to be delivered by 21st Jan.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none">• Request made to company responsible for Fire equipment, servicing and inspection of same to repair/ replace fire door as appropriate. Awaiting confirmation of appointment date in Jan.	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	21/01/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2022