



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

Issued by the Chief Inspector

Name of designated centre:	Pinewood Court - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	09 February 2022
Centre ID:	OSV-0003085
Fieldwork ID:	MON-0027282

About the designated centre

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

Pinewood Court is a community service providing residential care for seven individuals with an intellectual disability across two locations. The two houses of the centre are located in a suburban area of North West Dublin and are situated next door to each other. They are close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. Both premises are semi-detached and comprise of four bedrooms in each. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. All residents have their own bedrooms in each house and two of the residents have ensuite bathrooms. The staff team consists of a person in charge, social care workers and healthcare assistants. They provide a variety of supports for residents through a staff duty roster which includes sleepover and day support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 9 February 2022	09:45hrs to 14:20hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From meeting residents and from what the inspector observed, it was clear that overall, this was a well run centre which provided a high standard of care and support to those who were availing of its services. There were clear examples available to the inspector to demonstrate that a person-centred and human rights based approach was embedded in the practices of the staff team. Residents were enjoying a good quality of life and told the inspector that they were happy living with their friends and felt safe in the centre.

The inspector visited both units of the centre during the course of the inspection and spent time speaking with residents and listening to their experiences of living in the centre along with stories about their lives and upcoming plans. The residents told the inspector that they were very happy living in the centre and explained that they "really liked the staff" that worked there. They reflected on the previous number of years and the impact which the COVID-19 pandemic had on the centre through the public health restrictions that were in place. The residents told the inspector that they were "delighted" that the restrictions had eased which allowed them to enjoy a number of domestic holidays and trips. One resident told the inspector that they had recently visited a hotel in a neighbouring county with a friend and really enjoyed catching up with them. Another resident was busy planning a party in a local hotel for an upcoming significant birthday and told the inspector about a band which they had booked to entertain their guests.

The inspector found that there was a homely and warm atmosphere in the centre where residents were encouraged to live as independent lives as possible and to contribute towards the day-to-day operations. During the course of the inspection, residents with the support of staff members were observed baking scones, doing some shopping in the local supermarket, going for walks together, making valentine's day cards for their loved ones amongst other activities. One resident who was employed on a part-time basis was attending their job on the day of the inspection and staff members told the inspector how this was a valued role for them which they really enjoyed. It was clear to the inspector that the residents and staff members who were on duty had a very strong relationship and knew each other well. Some residents explained, however, that there were times when there were staff members on duty who they did not know and they preferred staff members who were familiar to them.

In addition to meeting with residents, the inspector received seven completed resident questionnaires. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was very positive feedback provided in the completed questionnaires with respondents indicating that they were very satisfied with the service they were in receipt of. One resident stated "I love my garden and growing strawberries" while another stated "I

am very happy in Pinewood" adding "there is nothing that I would like to change". Another resident stated "it is a lovely house and I love the big garden for me to do the gardening". The responses received were very complimentary of the staff team with one resident stating "all of the staff are very nice to me".

The inspector observed that the staff team were respectful in their interactions with residents and treated them in a kind and patient manner. They were observed to act in a dignified manner through knocking on doors of bedrooms and bathrooms before entering and by speaking about residents and their needs in a sensitive and respectful way. The staff team knew the individual needs of residents very well including their preferences and methods of communication. The residents were observed to be very comfortable in the company of the staff team and communicated with them with ease.

There was evidence available to the inspector to clearly demonstrate that the residents enjoyed a good quality of life while living in this centre. Residents were supported to engage in a wide range of meaningful activities and to develop and maintain valued social roles in their local community. Day-to-day activities that residents had been supported to engage in included flower arranging, going out for coffee, meeting up with friends, having dinner out, foreign holidays away, attending day services, visiting family members, going to the hairdresser and beauty therapist, and going shopping. It was clear that the views of the residents mattered to the staff team and there were weekly resident meetings held where topics included shopping, menu planning, activity planning, health and safety and much more. There was thought given to the promotion of the rights of residents and there was evidence to demonstrate that this was embedded in the staff culture of the centre.

Overall, the inspector found that this was a good centre which was well managed and had employed effective systems to allow for appropriate oversight of the care and support being provided to residents. There was clear evidence to demonstrate that the resident group were safe and supported to live good quality and meaningful lives.

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 on the quality and safety of the service being delivered.

Capacity and capability

This centre was well managed and there was good oversight of the care and support being delivered to residents. The findings of the inspection were very positive and there was clear evidence to demonstrate that good quality services were being provided.

The inspector found that there was effective leadership by the person in charge and

there were appropriate arrangements in place for the governance and management of the centre. In all but two cases, the regulations inspected against were found to be compliant and it was clear that the person in charge was supporting the staff team to develop a good knowledge of the requirements of the regulations and national standards. The centre was appropriately resourced to meet the collective needs of the residents availing of its services and there was a competent and confident workforce employed. There were a clear management structure in place and developed and effective management systems had been implemented to allow for oversight of the care and support being delivered.

A review of staffing arrangements found that the number and skill mix of the staff team deployed in the centre was appropriate to meet the needs of the resident who was being supported. There was some discontinuity of care and support, however, through the increased use of relief and agency staff in the centre to supplement the staff team where a number of vacancies had arisen. For example, in a one month period reviewed, there were 15 different agency or relief staff members employed to cover 24 staff shifts. This discontinuity of care and support was raised as an issue by residents and staff members during the course of the inspection. Staff members met with on the day of the inspection had developed very positive and warm relationships with the residents and knew their needs and support requirements well.

There were a number of deficits in staff training which was described by the registered provider as being mandatory. These deficits were primarily observed in the relief and agency staff member groups and included programmes such as fire safety, food safety, safe administration of medication, children first, and use of emergency epilepsy medication. The inspector found that there were good arrangements in place for the supervision of the staff team.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted the required information with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the culture and ethos of the organisation was embodied by the staff team who clearly recognised their roles as advocates and to create a supportive environment for the resident being supported in the centre. While the number and skill mix of the staff team employed in the centre was found to be appropriate to meet the needs of residents, there was some discontinuity of the care

and support being delivered through the number of agency and relief staff employed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were deficits across a number of staff training programmes which were deemed to be mandatory by the registered provider. There were robust arrangements in place for the supervision of the staff team including regular team meetings, the presence of the person in charge, and regular one-to-one formal supervision meetings with all staff members.

Judgment: Substantially compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of good quality person-centred care and support. There was a strong leadership in place and the person in charge demonstrated that they were competent and were knowledgeable of the legislation, regulations, national policy and their statutory responsibilities. An annual review and six monthly unannounced visits to the centre had been completed by the registered provider as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose (dated 14 February 2022) was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the

regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that the registered provider had developed and implemented effective systems for the management of complaints in the centre. Residents were encouraged and supported to express any concerns they had and it was clear that there was a culture of openness and transparency in the centre which welcomed feedback. There was a complaints policy in place along with an easy-to-read complaints procedure.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported and encouraged to have a good quality of life while residing in this centre. There was evidence to demonstrate that residents were consulted with and had been informed and supported to exercise their rights. Residents had been supported to live meaningful and rewarding lives through the supports they received.

There was evidence to demonstrate that residents' social care needs were being met through the supports provided. Residents told the inspector that they enjoyed engaging in a variety of activities and social outings and had maintained good relationships with their natural support networks. Activities which residents were supported to engage in reflected their abilities, needs, wishes and interests and it was clear to the inspector that the staff team knew the residents' needs well and acted as advocates for them when required.

Residents were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the practices of the staff team and local policies. Staff members had completed safeguarding training and had developed a good understanding of the various types of abuse and the actions to be taken in the event of abuse occurring. While there had been a small number of incidents of a minor nature in the time since the last inspection, the inspector found that these had been appropriately followed up on and investigated in line with local and national policies and there were safeguarding plans in place where they were required.

Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing. The resident group were found to have been appropriately supported and encouraged to connect with family and friends and to feel included in their community. There was clear recognition in the centre that each resident had something to contribute at all stages of their lives and these contributions influenced the manner in which the centre was operated.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre were very clean, spacious and well maintained throughout. There was sufficient provision of private and communal accommodation, which provided for a comfortable living environment for residents and respite users. The centre was fully accessible to those who were availing of its services and it met their needs.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place in the centre which was available to residents. The inspector found that this document contained all required information as outlined in the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines. The inspector found that the staff team were wearing personal protective equipment (PPE) in line with public health guidance and there were sufficient hand sanitising stations in the centre. There were regular audits being completed along with infection prevention and control self assessments. There were good levels of PPE available in the centre and there was a COVID-19 outbreak management plan in

place.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There were satisfactory fire containment measures in place and emergency exit routes were observed to be clear of obstruction on the day of the inspection. There was evidence to demonstrate that residents and staff members could be evacuated from the centre in a timely manner in the event of a fire or similar emergency.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspector that they felt safe living in the centre and knew how to communicate any concerns that may arise. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that residents were supported to exercise their rights; were included in decision making processes about their care and support; and were supported to exercise choice and control over their daily lives while availing of the services of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Pinewood Court - Community Residential Service OSV-0003085

Inspection ID: MON-0027282

Date of inspection: 09/02/2022

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: The HR Department are running an ongoing recruitment campaign to fill all vacant posts. In the interim the PIC and CNM3 make every effort to fill vacant shifts with regular staff available to work extra shifts or regular relief and regular agency staff.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has completed a Training Needs Analysis and will liaise with the training coordinator to ensure that staff have access to appropriate training , including refresher training, as part of a continuous professional development programme.</p>	

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	31/05/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/05/2022