



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:	21 November 2024
Centre ID:	OSV-0005885
Fieldwork ID:	MON-0036842

About the designated centre

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

The Pines is a respite service operated by Autism Initiatives Ireland CLG. The designated centre is a two storey house located in a housing estate on the outskirts of a large town in Co. Kildare. The centre operates six days of the week and provides respite services for up to four adults at any one time, who have a autism assessed needs. The centre comprises 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 rear of the house, and transport is available to the respite residents during their stay. The person in charge works full-time in this centre. The staff team consists of a senior social care worker, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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 21 November 2024	10:00hrs to 16:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre, The Pines. The inspection was carried out in response to the provider's application to renew the registration of the designated centre.

The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life.

The designated centre consists of a two storey house located in a housing estate on the outskirts of a large town in Co. Kildare. The centre operates six days of the week and provides respite services for up to four adults at any one time.

The person in charge accompanied the inspector on an observational walk around of the premises. Overall, the inspector found the centre to be clean, bright, homely, nicely-furnished, and laid out to the needs of residents living there. Each resident had their own bedroom with access to shared bathroom facilities. There was sufficient storage facilities for their personal belongings in each room. The house had recently been decorated for Christmas so that all respite users could enjoy the decorations for the festive season during their stay.

Residents were aware of the inspection visit and were supported to meet with and talk to the inspector. The inspector met briefly with all three residents who were availing of respite on the day of the inspection. They had returned from their respective day services and were heading out for a walk and a trip to a coffee shop in the locality.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. A huge volume of the surveys were returned to the inspector. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives.

The inspector spoke with the staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

On the day of the inspection, the inspector found that the governance and management arrangements in this respite centre facilitated good quality, person-centred care and support to residents. It was observed that the residents were involved in choosing how to spend their days during their respite break.

Residents were supported to engage in a range of activities and offered choice with respect to their will and preference. Activities offered during the residents respite stay included trips to the cinema, bowling, going out for dinner and walks in the locality.

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

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated that they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

There were supervision arrangements in place for staff. In addition, staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

Records set out in the schedules of the regulations were made available to the inspectors on the day of inspection, these were found to be accurate and up to date including an accurate and current directory of residents, residents guide and complaints log all of which were made available to the inspector on the day of inspection.

Furthermore, an up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in

the designated centre at this time.

The provider had suitable arrangements in place for the management of complaints.

Overall, this inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

Registration Regulation 5: Application for registration or renewal of registration

As required by the registration regulations the provider had submitted an application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs.

There was a planned and actual roster maintained by the person in charge. The inspector reviewed actual and planned rosters at the centre for September, October and November 2024.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by the inspector who reviewed three staff records on the day of the inspection and found them to be accurate and in order.

Judgment: Compliant

Regulation 16: Training and staff development

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Refresher training was available as

required.

All staff were up to date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety.

Staff were in receipt of regular support and supervision through monthly staff meetings and quarterly supervisions with the person in charge. Records of these meetings were maintained.

Judgment: Compliant

Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide , fire safety log (including a record of drills and the testing of equipment) and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration. The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service.

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a transport vehicle which was assigned for the centre's use only.

The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. Residents, staff and family members were all consulted in the annual review.

Other audits carried out included fire safety, infection prevention and control (IPC) and medication management audits.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints log and procedure available in the centre. This was in easy-to-read format and

accessible to all.

There were no complaints logged for 2024 and each resident had been assessed to determine their understanding of the complaints procedure which was set out for them on admission to the designated centre.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

Overall, the inspector found that the residents were supported to enjoy their respite break while having their assessed needs met.

The provider had ensured that assessments of residents' health and social care needs had been completed.

The atmosphere in the centre was observed to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The premises was found to be designed and laid out in a manner which met residents' needs.

There were systems in place to safeguard residents. There was evidence that incidents were appropriately managed. Staff spoken with were clear on what to do in the event of a concern.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were being offered the opportunity to engage in activities of their choice and how they spent their day.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Comprehensive assessments of need and personal plans were available on each residents files. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

These assessments were used to inform plans of care, and there were arrangements

in place to carry out reviews of effectiveness.

Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities. Support plans and assessments undertaken supported further development in areas such as the skills of independent living, personal relationships, community and social development, and emotional development. All residents had access to transport and the community when they wanted.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Staff spoken with on the day of inspection reported they had no current safeguarding concerns.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

In addition, there were care plans in place that outlined residents' support needs and preferences with regard to the provision of intimate care.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents' welfare and self development.

The residents' rights were being protected by the systems for consultation with them. Their known preferences and wishes regarding their day-to-day lives, their privacy and dignity and right to choice was upheld.

Each resident had access to facilities for occupation and recreation with opportunities to participate in the locality in accordance with their wishes.

Residents were further supported to make their own choices in terms of meal planning, activity activation.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant