



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

Issued by the Chief Inspector

Name of designated centre:	Oakridge
Name of provider:	St Aidan's Day Care Centre Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	07 May 2021
Centre ID:	OSV-0001853
Fieldwork ID:	MON-0032741

About the designated centre

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

Oakridge is residential designated centre. The premises is a two-storey building located in a busy town in Co.Wexford. The service is provided for male and female with intellectual disabilities, autism and mental health issues. The centre is based in a semi-independent environment with the emphasis on the development of life skills and ultimately to live in independent accommodation if they so wish. Staff support is available at all times and nursing oversight is available as needed from within the broader organisation. Local amenities included shops, café's, sports clubs, parks and pubs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 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
Friday 7 May 2021	09:30hrs to 15:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the three residents on arrival to the centre. The three residents spoke with the inspector and communicated their thoughts about living there. The inspector also determined the residents experience living in the centre by observing care practices, reviewing residents documentation and speaking with some of the staff and management supporting residents.

The inspection took place during the COVID-19 lockdown period and therefore some measures were taken by the inspector and staff to ensure adherence to COVID-19 guidance for residential care facilities. These included wearing personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day. Interactions between the inspector and staff and residents were also maintained to 15 minute intervals.

Residents living in this centre were an independent group of individuals and did not require high levels of staff support. Residents all had their own key to their home and enjoyed coming and going as they pleased during the day to attend their different activities and work. One resident showed the inspector around the centre before heading out for the day. The premises was a two-storey building located in a busy town in Co.Wexford. All residents had their own bedroom in the centre which they had decorated to suit their preferences. Residents had access to a communal living area and kitchen/dining room. The home also had a large well-maintained garden area to the rear of the premises with an outdoor seating area. In general, the house appeared clean, welcoming and homely.

One resident showed the inspector a scrapbook they had made with pictures of some of their favourite activities. These included pictures of them attending concerts, holidays, visits home, outings with friends, shopping trips, and horse riding. The resident appeared pleased with this and happily told the inspector that they would soon be moving into their own apartment and discussed their plans to look at new furniture for their home. Another resident spoke about their long-term goal to secure employment in a car facility and how they had recently been successful with this. Residents had taken part in the Special Olympics and proudly showed the inspector some of the medals they had won.

Residents were supported by a staff team of social care workers and support workers. Nurse support was also available when required and the person in charge was a registered nurse. Residents were not supported by any staff for specific hours during the day, but had access to support if they required it during these hours.

Some residents had been affected by COVID-19 and appeared to have been well supported during this time. Some social restrictions in place secondary to COVID-19 continued to affect the residents normal routines in their community and visits with their family. Residents continued to enjoy some individualised activities and some residents used their phone or online applications to keep in touch with their families

and friends. Residents had begun to get their COVID-19 vaccines. Easy read documents had been developed for residents to support them to understand the vaccination program.

In general, the inspector found that the residents were well supported. There was a regular management presence in the centre and staff support was appropriate to meet the needs of the residents.

The next two sections of this report detail the inspectors findings regarding the governance and management of the centre, and how this affected the quality and safety of the service being delivered to the residents.

Capacity and capability

Overall findings from this inspection were positive. The registered provider was ensuring that residents were in receipt of an effective service. The inspector looked at a number of areas which impacted the care and support provided to residents including staffing, management, complaints procedures, fire safety, risk management, behavioural support, infection control, personal plans and safeguarding. While one issue was identified with risk management, the inspector found that the management team and staff were striving to provide a person centred and safe service and residents were enjoying living in Oakridge.

There was a clear management structure in place and a regular management presence in the designated centre with a full time person in charge and team lead. There was evidence of regular auditing and review of the service provided, with an annual review and six monthly unannounced inspections completed by a provider representative. There was a consistent staff team in place providing care and support and this was clearly identified on the centres staff rota. Mandatory training was provided to staff to meet the residents needs and training needs were regularly reviewed.

Service users and their families had many opportunities to comment and provide feedback on the service provided, or submit complaints and compliments. Complaints appeared to be treated in a serious and timely manner. The inspector observed information regarding residents rights and advocacy services available in the centre.

Regulation 15: Staffing

The staff team consisted of social care workers and support workers. Nurse support was also available when required and the person in charge was a registered nurse. Residents were not supported by any staff for specific hours during the day, due to

their levels of independence, but had access to on-call support if they required it during these hours.

There were no staff vacancies on the day of inspection. Staff meetings were scheduled monthly and there was a staff communication book in place that staff used to handover information and to allocate different tasks. All staff had a service email that was used for regular communication with management.

The inspector reviewed a sample of staff personnel files and found that all Schedule 2 items were in place as required including proof of identification, Garda vetting and staff qualifications.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were reviewed and it was found that all staff had received up-to-date mandatory training and refresher training. This included training in areas including manual handling, behaviour management, safeguarding, fire safety, infection control, hand hygiene, use of personal protective equipment (PPE), medication management and food safety. Training needs were regularly reviewed and additional training scheduled when necessary.

Staff were completing regular one to one formal supervision with the line manager. This included a review of staff performance and set staff targets for the month ahead when required.

Judgment: Compliant

Regulation 23: Governance and management

There was a new person in charge in place in the centre on the day of inspection. This person had a shared role with another designated centre and planned to divide their time evenly between the centres. This person was well known to the service and the residents and they were supported in the centre by a team lead. The team lead was responsible for the general management of the centre, in the absence of the person in charge. This person was preparing weekly written communication reports for the person in charge.

The person in charge and team lead were in regular contact with each other and had formal meetings scheduled for the months ahead to discuss and review issues such as accidents and incidents, safeguarding, complaints and staffing.

There was evidence of regular auditing and review of the service provided with an

annual review and a six monthly unannounced inspection completed by a provider representative. The annual review incorporated consultation with residents and their families. The CEO of the organisation reviewed any audits completed and ensured that appropriate action plans were prepared and addressed when necessary.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints appeared to be treated in a serious and timely manner. The inspector found that there was a clear process in place for the management of complaints. Satisfaction questionnaires were issued to the residents and their families annually. These reviewed satisfaction levels with areas including mealtimes, staff support, residents rights, healthcare and complaints management. Results from these questionnaires were used to inform judgements for the centres annual review of the quality and safety of care and support. One resident communicated that they were "extremely satisfied" with the service provided.

Information regarding advocacy services and the complaints procedure was observed displayed in the designated centre. There were no complaints communicated with the inspector on the day of inspection.

Judgment: Compliant

Quality and safety

Overall, inspection findings showed high levels of compliance and suggested that the registered provider was ensuring a safe service was provided. The inspector reviewed a number of areas to determine the quality and safety of care provided including residents personal plans, fire safety, safeguarding, infection control and behaviour management. The inspector found that these areas were largely compliant and that the registered provider, management and staff were promoting person centred care and support and independence for residents living in the designated centre.

The inspector reviewed residents records and found that residents all had clear and comprehensive assessments of need and personal plans in place. These were subject to regular review and reflected the residents most current needs. Residents were safeguarded in the centre and there was minimal use of restrictive practices. Residents were supported to manage their health and staff made referrals for multidisciplinary support for residents when required.

Effective fire management systems were in place in the centre. The registered

provider had ensured that provision of fire fighting equipment, detection systems and containment systems and these were subject to regular servicing with a fire specialist. All staff had received up-to-date training in fire safety. Issues regarding fire safety from the previous inspection had been addressed.

Residents spent some periods of time by themselves unsupported by staff. Residents were very aware of these times and knew who to call should they require support. However, the inspector found that risk documentation did not reflect how management had assessed that it was safe to do this.

Regulation 17: Premises

The design and layout of the home was suitable to meet the residents' assessed needs. The premises was a two-storey building located in a busy town in Co. Wexford. All residents had their own bedroom in the centre which they had decorated to suit their preferences. Residents had access to a communal living area and kitchen/dining room. The home also had a large well-maintained garden area to the rear of the premises with an outdoor seating area. A room downstairs was allocated as a staff sleepover room and office.

The interior of the house was well maintained and the centre had a delegated premises manager who was responsible for addressing any premises maintenance issues.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a clear procedure for the assessment and management of risks in the centre. Individualised risk assessments had been completed for all residents, including individual COVID-19 risk assessments. Residents had started to receive their COVID-19 vaccines and possible side effects of this had been risk assessed. Residents had been assessed for the risk of falling and measures were put in place when a potential risk was identified.

Risk documentation did not fully reflect how staff had assessed potential risks during times when residents were in the centre and unsupported by staff. For example risk documentation did not reflect residents fire safety awareness, road safety awareness and capacity to ring emergency services. Conversations with staff and management reflected that residents were safe during these times and were fully independent in all of these areas. However, it was unclear how this had been fully assessed in the documentation reviewed.

Positive risk taking and was being promoted at times in the centre and staff were

considering risk measures and their impact on the residents quality of life and their right to privacy and control in their daily lives.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Additional measures had been implemented in the centre for the management of COVID-19.

Signage was observed around the respite service with information regarding COVID-19, hand hygiene and infection control measures. There was an information folder in place for staff to access up-to-date information regarding the management of COVID-19 in residential care facilities. The centre had appropriate access to PPE and all staff had completed training in infection control and the donning and doffing of PPE. Staff were observed wearing personal protective equipment throughout the inspection day.

The provider had prepared a service contingency plan for the management of COVID-19. Some residents had been effected by COVID-19 prior to the inspection and this was managed well. Residents had begun to get their COVID-19 vaccines. Easy read documents had been developed for residents to support them to understand the vaccination program.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that fire safety systems were in place in the designated centre. Safety measures were in place around the designated centre including detection systems, emergency lights, alarms, fire fighting equipment and signage. A fire specialist attended the centre regularly to service these and certification was observed for this. Issues regarding containment systems identified during the centres previous inspection had been fully addressed by the provider.

Residents all had personal emergency evacuation plans in place and residents and staff were completing regular fire evacuation drills in an efficient manner. Some fire safety risks had been identified around the centre, for example the use of the tumble dryer, and mitigating measures were in place to reduce the risk of a fire happening.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had individual assessments and personal plans in place. Assessments of need comprehensively assessed residents levels of support required in areas including nutrition, personal care, activation, education and communication. Support plans were then prepared to reflect these needs. A full review of support plans took place annually or more frequently when required.

Independent living assessments had been completed for residents who were hoping to move to independent living. This included a comprehensive review of the resident abilities, capacity and support levels required. Skills teaching was implemented by staff if a need for this was identified in specific areas.

Residents had individualised social goals in place. One resident had set a goal to partake in a fun run and was training regularly for this with support from staff. Another resident hoped to complete an educational course. Residents all had a key worker assigned to them and they were responsible for reviewing the residents' goals and ensuring documentation was up-to-date.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents did not present with significant numbers of incidents of challenging behaviours, but had access to a behavioural support specialist if they required this. All staff had received training in behaviour management techniques. The use of restrictive practices was minimal in the centre and residents had access to therapeutic interventions and resources when required.

Judgment: Compliant

Regulation 8: Protection

Residents living in the centre appeared to be safeguarded. All residents had intimate care plans in place and all staff had received training in the safeguarding and protection of vulnerable adults. There was a designated safeguarding officer in the organisation who was responsible for the investigation of any safeguarding concerns.

Money management assessments had been completed with all residents to determine their levels of capacity to manage their own finances and residents were

supported and encouraged to independently manage their own finances when possible.

All residents had intimate care plans in place which were subject to regular review. There were no open safeguarding concerns in the centre on the day of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights and independence was continuously promoted and supported in the centre. Residents appeared to have choice and control in their daily lives and decided their own daily routines including activities and meal times. Residents were regularly consulted about the service provided and their choices, with residents meetings held weekly. Contact details for advocacy services were displayed in the designated centre. Staff spoken with appeared to have a rights based approach to the provision of care and support.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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 Oakridge OSV-0001853

Inspection ID: MON-0032741

Date of inspection: 07/05/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: After consultation with the residents, the PIC has engaged the local Fire Officer to work on an education program in relation to Fire Safety. This will include a visit from the local fire officers to simulate what a fire might look like in the center.</p> <p>A copy of the designated centres floor plans have been provided to the local fire station.</p> <p>A number of announced and unannounced fire drills have taken place since the inspection where staff have assessed the residents reactions to the staged emergency. No issues were identified, residents have demonstrated the capacity to safely evacuate with no staff present.</p> <p>The role of supporting fire evacuations and risk assessment is carried out by all members of the team on an ongoing basis.</p> <p>The PIC will carry out 3 further drills to be completed by 5-8-2021 The provider will review and the participation and performance of each resident in each part of the program will be assessed and captured to document their individual ability and capacity to be alone in the residence, this will be reviewed on a quarterly basis going forward.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/08/2021