



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Oak Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	08 May 2025
Centre ID:	OSV-0004466
Fieldwork ID:	MON-0038209

About the designated centre

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

Oak Services comprises of two houses in County Roscommon, which are located within close proximity in a town. One house is a respite centre providing services to both male and female adults with disabilities over the age of 18, and the second house is a full-time residential service for up to four residents. The respite service is offered to six people who use the facilities on a shared basis on predetermined weekdays and weekends throughout the month. It can provide accommodation for up to four people at any given time. It comprises of one large, single-storey house, which is located within walking distance to a local town, where public transport links such as trains, taxis and buses are available. The centre also provides transport for residents to access their local community during stays in the service. Each resident has their own bedroom for the duration of their stay and two medium-sized, shared bathrooms are available for residents to use. Each house has a medium-sized kitchen and a separate sitting room which was comfortably furnished. A social care model of support is offered in the centre, where there is a full-time person in charge managing a team of social care workers and health care assistants. One staff member supports up to four residents at any one time during the day and evenings with additional supports hours offered on set days during the week as required in the respite house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 (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 8 May 2025	10:00hrs to 16:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

The inspector found that while residents were supported to enjoy a high quality of care which was person centred and focused on person centred activities for all residents, improvements were required in one house in the centre due to outstanding maintenance work required which is listed later in the report.

The inspector noted on arrival one house providing respite, appeared in a state of disrepair externally and internally which impacted on the oversight of the governance and management provided in this centre. This is discussed in more detail under regulations 17 and 23 in the report.

This inspection was an announced inspection conducted to review the regulatory compliance in the centre and to inform a registration renewal application received. Through observations, interaction with residents and a review of documentation, the inspector found that the service was meeting residents' needs well by supporting them to live very active person centred lives.

The inspector met two residents on the day of the inspection, with one resident remaining at the respite service during the day and another resident returning later from their day service to meet with the inspector. Each resident was met in each house individually. Both residents were very happy to engage with the inspector, share their experiences and discuss services in place at present. The inspector noted that both residents were very happy currently with their services and one resident spent time showing their new room, as they had recently moved house as well as their collection of football cards. The inspector noted that residents spoke about the service they received in a very positive manner.

Residents were supported to engage in activities of their choosing outside of the centre. This included upcoming summer events in the local areas, attending day services and local community events.

The centre comprised of two houses and while one house was noted to be suitably decorated and furnished throughout. However, the second house was observed to require considerable renovation both internally and externally, which will be referenced later in the report. The inspector noted that the garden space in the new house was tidy and accessible for the residents, but the person in charge spoke about additional plans to enhance all outdoor areas which were still in the planning stages at the time of the inspection.

It was very clear to the inspector that staff were very familiar with the residents' needs and their various ways of communicating and interacting. Staff were observed to monitor and interpret residents behaviours at all times and were noted to be very responsive to any indication of a change in their presentation at all times.

One resident showed the inspector their new room, sports cards collection and spoke about planned activities that coming weekend, as well as summer festivals in the local community. Another resident was observed leaving the respite house independently to attend their planned activities for the day ahead before returning home. This resident spoke about the service and how they enjoy the short breaks they received and how supportive staff were.

The inspector was met by the person in charge, two staff and a person participating in management on the day of the inspection. Since the last inspection in May 2022, the provider had reconfigured this service due to a change in housing facilities. The inspector visited both houses and met staff in each house on the day of the inspection. Overall, the inspector noted that staff were observed to be respectful, calm and supportive during interactions or in conversation on the day of the inspection.

In summary, while residents were supported in line with their assessed needs and provided with a variety of person-centred activities, significant improvements were required in one house due to the provider's failure to address the maintenance, and maintenance works required internally and externally in the centre. Due to the lack of attention, the respite house presented as unwelcoming and in a state of abandonment due to the outstanding works required.

The next two sections of the report present the findings in relation to the governance and management in the centre, and describes about how governance and management impact the quality and safety of the service provided.

Capacity and capability

The provider had not ensured that effective governance and oversight arrangements were in place at the centre due to the outstanding actions as identified on internal audits.

Management structures had not ensured that actions identified in two previous internal audits were addressed in a timely manner but also did not clearly show all required actions. For example, while on the audit completed in the provider led audit completed in September 2024 it referred to maintenance works required, it did not list all actions and at the time of the inspection the timeline for completion had passed. Another audit completed in March 2025 again referred to the outstanding works required in the respite house but did not list actions and there was no comment on the failure to address this action from a previous provider led audit. The inspector found that there was clear lines of accountability ensuring that issues were escalated to the person in charge and also to senior management as and where required but senior management had not responsively addressed the extensive maintenance works required.

Due to the resident needs, staff arrangements at the centre were fluid in nature and determined by which residents were coming into the centre at any time. The responsiveness of staffing rosters ensured that residents needs were supported at all times and a consistent approach to their care was maintained.

A focus on ensuring staff knowledge and thereby meeting residents' needs was also paramount at the centre, with staff accessing regular training and being updated on changes to resident care plans through team meetings and other management initiatives.

Overall, the inspector found that residents were satisfied with the service provided, they experienced support, consultation and choice on a daily basis in this centre but improvements were required to the oversight of the service in relation to the maintenance and upkeep of a house in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of Oak Services, by the date specified and with all required documentation. This included clear and legible floor plans with correct colour coding for bedrooms and living areas in the centre and a complete application form.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements in the centre were suited to meet the assessed needs of residents.

The inspector reviewed rosters from January to April 2025. These indicated the required number of staff with the necessary skill mix were available at all times to support residents. The provider was continuously monitoring staffing levels due to changing needs of the residents.

The staff were consistent and familiar with the residents. Flexibility was built into the roster to ensure staff were available to assist residents in line with their assessed needs. For example, the inspector observed two staff supporting a resident from each house on the day of inspection. One resident had waited to meet the inspector before leaving to attend their planned activities and another resident was accompanied to return to the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received and completed appropriate training to enable them to provide suitable care to residents.

The inspector reviewed training records from October 2024 to April 2025 in the centre. This showed that staff had up to date training in the courses listed and that were mandatory. Mandatory training included medication management, fire safety, behaviour support and risk management. Additional training was also provided, such as epilepsy, record keeping, finance management, health and safety and first aid. Were staff required refresher training, staff were enrolled in upcoming courses.

The person in charge had completed a training needs analysis to monitor the training needs of all staff in line with local policy and the assessed needs of residents.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured the information required for all residents as outlined in the regulations was maintained, for example their home address, general practitioner details, medical details and admission information.

Judgment: Compliant

Regulation 23: Governance and management

The inspector noted that the provider had established new systems to improve the oversight and monitoring of this service since the last inspection in May 2022 the provider had failed to address deficits identified in one house such as maintenance and painting.

The inspector found that actions were required in one house in the centre to respond to extensive maintenance and refurbishment works required to enhance the respite facilities for residents. The provider had failed to clearly identify all improvements required at the time of the inspection.

At the time of the inspection there was no clear timebound plan in place to address the deficits or details of all actions required in provider let six monthly audits completed. Details of the outstanding work required is listed under regulation 17 in the report.

The person in charge had recognised and escalated the actions required to senior management but at the time of the inspection, but there was no clear plan in place to recognise or address the deficits in place. As a result the provider had failed to improve the facilities provided for residents attending for respite breaks in this service. While the house was clean and tidy on appearance the house presented as unkempt, and in a state of abandonment and disrepair. Two recent provider led audits failed to recognise or clearly identify all gaps found during this inspection, therefore no clear time-bound plan was in place to address the deficits or improve the living experience for residents.

Regular staff meetings were held, and clear records of the discussions at these meetings were maintained. The inspector reviewed minutes of previous team meetings during the inspection from October 2024 to February 2025 and found detailed and meaningful discussions took place. This included various aspects of care and support, any accidents and safeguarding issues discussed.

Communication with staff was promoted in the centre through a communication book and at change of each shift. The person in charge was also available formally and informally to all staff working in the centre.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider had clear written agreements in place, which showed all charges and expenses to be met by residents when accessing residential or respite services in the centre.

The inspector reviewed two written agreements in place in the centre. The agreements were developed and signed by the provider, resident and their representative. In addition, the agreements clearly highlighted whether or not a charge was due for respite care as well as informing residents that they would be required to meet the cost of items not included, such as social activities and personal spending during their stay.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and found that it included all of the information required by the regulations and adequately described the service provided in Oak services.

This included floor plans and an accurate description of the service provided in the centre and training provided to staff working in the centre. The statement of purpose was also provided in an accessible format.

Judgment: Compliant

Quality and safety

Care and support practices employed at the centre to meet residents assessed needs ensured that a high quality service was provided with a focus on continued improvement, however improvements were required to the premises in one house and oversight of actions required.

Comprehensive personal planning arrangements ensured that residents needs were clearly identified and appropriate supports put in place and consistently provided by a committed and qualified staff team. Staff members were focused on providing a person-centred experience and the promotion of human rights for residents while accessing respite care. This focus was exemplified by observations of staff and resident interaction, a review of care plans and also activity records from both 2024 and 2025.

Resident safety was also promoted at the centre , through a range of safeguarding procedures to both identify and mitigate against any possible risks to resident well-being.

The premises provided in house two was clean, comfortable and suitably decorated; however, house one required significant improvements due to paintwork damaged in the sitting room, office, hallway and communal areas of the house. Further, actions are listed later in the report. The inspector found that although some of these issues had been reported to the provider, a time bound plan on how they were to be addressed had not been developed or commenced at the time of the inspection. This was evident in the two previous six monthly unannounced provider led visits completed in March 2025 and September 2024.

Overall, the inspector found that the care within the service was not delivered in a manner to enhance the quality and safety of all residents. There was poor governance and management arrangements in place which impacted on residents.

Regulation 10: Communication

The provider and person in charge had ensured that effective communication was supported in the centre to aid residents in line with their assessed needs.

Staff had received training in communication systems required by the residents as identified in their assessed needs. Each resident had a communication assessment, which clearly showed what support each resident required. On the day of the inspection, staff showed the inspector some of the communication tools available. This included pictures, symbols and a variety of service user friendly documentation.

Judgment: Compliant

Regulation 13: General welfare and development

Overall, residents in this centre were enabled to lead very active lives in their local community and in the centre.

The provider had increased staffing in the centre during the weekdays and at weekends to enable residents to engage in local community activities as well as their day service. Appropriate activities due to mobility, aging and personal preferences were identified and in place in the centre. Should a resident request home based activities or indicate that they no longer wished to attend a scheduled activity, this was facilitated.

Judgment: Compliant

Regulation 17: Premises

One house required extensive work internally and externally and the inspector found that while staff and the management team were aware of actions required, this was not actioned in a clear and comprehensive quality improvement plan with time-bound actions to address the works required, this had also been highlighted on two previous provider led six monthly audits completed in September 2024 and March 2025. The inspector noted that the information on the six monthly audits were not detailed and therefore did not clearly show the work required to improve the respite services. On arrival the inspector noted that the house was unkempt in appearance, the garden areas overgrown, the paintwork patchy and worn on areas of the external walls. The house was not presented in a manner suitable for residents attending for respite breaks. This work included:

- The paintwork throughout one house- internally and externally was marked, worn away in areas and peeling from walls in some rooms. In addition, the house suffered due to the lack of maintenance and was not very well presented for residents who attended for respite.
- The flooring in all all rooms required review as marks were evident, discoloured and scuffed and did not promote effective cleaning.
- Kitchen cabinets required review as the inspector noted that doors were aged, worn, some were not closing effectively. In addition, the internal surface of the cupboards were worn, marked and discoloured.
- Two shower facilities where fans were removed in shower areas had not been closed up or sealed effectively.
- Skylights in bathroom facilities showed dirt and debris with paint damage in areas.
- Sanitary ware was aged, worn and discoloured in areas.
- Minor damp odour noted in both bathrooms in the respite house and evidence of water damage evident due to plaster work damaged in areas.
- Storage required review in the house, as there was limited facilities or where available were worn, and showed the lack of maintenance.
- All of the required maintenance works hampered suitable cleaning in the centre to maintain effective hygiene controls.

Judgment: Not compliant

Regulation 20: Information for residents

The provider had ensured that information was provided for residents about the care and support provided in this centre, which included staff supports and facilities provided in this centre.

A detailed description of the of communal space and transport available or provided was included. The inspector reviewed the current residents guide and found that it included a range of information for residents on the services provided, the complaints process, how to access inspection reports and visiting arrangements in the centre. This information was clearly displayed throughout the designated centre on the day of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the assessment, management and control of risk in the centre.

The inspector reviewed the provider's risk register arrangements which ensured that risks were identified, monitored and regularly reviewed. The inspector found that individualised risks identified were appropriately risk rated, based on their severity and interventions to mitigate the risk were clearly identified. Risk management was an active topic at staff meetings to ensure that all staff were up to date on all risks identified and the guidelines in place to support each resident appropriately.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that effective arrangements were in place for the administering, storage, and appropriate disposal of medication ,but also that residents received their medication as prescribed and in a timely manner.

The inspector observed that medication was secured in a locked facility at the centre. Additional security protocols were also available should controlled medication be required for any resident in the centre.

The inspector noted that specific protocols were also in place should a resident require support with epilepsy or diabetic medication management in the centre. Staff had also received training in the safe administration of medication in the centre, which was monitored and reviewed by the person in charge.

Judgment: Compliant

Regulation 6: Health care

The provider had appropriate care and support arrangements in place at the centre to ensure residents' healthcare needs were met.

The inspector reviewed two resident personal plans which included clear and comprehensive information on how residents health needs were supported in the centre. Protocols were in place to ensure effective management of identified medical conditions. This included epilepsy management and administration of emergency rescue medication. Healthcare plans and protocols were subject to regular review and where required were updated following medical professionals recommendations.

Staff knowledge on how to support residents' individual healthcare needs were further supported through access to specific healthcra training as required. 'Hospital passports' were also available and comprehensive in personal plans to ensure that in the event of an admission into hospital residents needs were consistently supported.

Judgment: Compliant

Regulation 7: Positive behavioural support

Comprehensive and detailed behaviour support plans were in place and subject to regular review of recommended practices and any restrictive practices in place. This showed that the provider and person in charge were the assessed needs of residents were consistently monitored and supported.

The inspector reviewed one behaviour support plan and all relevant guidelines in place. This plan was reviewed with relevant multidisciplinary staff such as behaviour support specialist. The plan clearly identified the behaviours requiring support and strategies to be used by staff in a proactively and should an incident occur. Support plans were reviewed regularly and discussed at staff meetings to ensure plans were effective and staff were aware of current plans in place. This ensured consistency of care for residents in the centre.

Records showed that restrictive practices were logged, reviewed and monitored by the management and staff team regularly. The inspector found that the staff team aimed to use the least restrictive practice and for the shortest time necessary. For example, a locked gate was in place while resident lived in the respite house due to road safety but this was since removed as the resident had transitioned to suitable long term accommodation.

Judgment: Compliant

Regulation 8: Protection

Safeguarding arrangements in place at the centre ensured that residents were protected from the risk of abuse.

The inspector reviewed previous incidents relating to safeguarding from abuse at the centre on the day of the inspection. There were no active safeguarding concerns at the time of the inspection. The management team ensured that staff were trained in safeguarding and this was an active item in team and management meetings for this centre. Access to a local safeguarding officer was available and all staff were familiar with the procedures in place at this centre.

Residents were further supported in this area through regular staff training as seen in staff training records reviewed from January 2025 to May 2025. This showed that

the provider ensured that staff were up to date in their knowledge and how to identify and respond to concerns of possible of abuse.

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 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oak Services OSV-0004466

Inspection ID: MON-0038209

Date of inspection: 08/05/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A clear and comprehensive quality improvement plan with time-bound actions to address outstanding works has been completed with Facilities Department, senior management and the person in charge following the inspection is now in place.</p> <p>The person in charge has completed a time bound action plan for the provider led audits to address all deficits and actions raised in the six monthly audits for the designated centre –this is now in place in the designated centre following the inspection.</p> <p>QED Department to carry out review of six monthly audits to ensure any gaps are identified to address deficits highlighted following the inspection.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A clear and comprehensive quality improvement plan with time-bound actions to address outstanding works has been completed on 18/06/2025.</p> <p>As the primary purpose of the premise is to provide respite services all works identified in the quality improvement plan have been scheduled on a phased basis to cause the least disruption to service provision while also working to improvement the quality of the premises for persons receiving services in the designated centre.</p>	

A detailed quality improvement plan for the designated centre has been submitted on a separate document with this compliance plan.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/12/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/09/2025