



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

Issued by the Chief Inspector

Name of designated centre:	No. 3 Oakley Glen
Name of provider:	Barrow Valley Enterprise for Adult Members with Special Needs CLG
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	10 August 2023
Centre ID:	OSV-0008231
Fieldwork ID:	MON-0037307

About the designated centre

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

No. 3 Oakley Glen is situated in a residential area in a town in Co. Carlow, in close proximity to shops, recreational opportunities and local amenities. The aim of the service is to provide residents with a home and the supports they require in order for the residents to live happy and self-directed lives. The service can be accessed by individuals with a mild, moderate and/or severe to profound learning disability for both males and females over the age of 18. The centre can accommodate two individuals. Each resident has their own individual bedroom, one bedroom has en-suite facilities, there is a main bathroom upstairs and a small bathroom located downstairs. In addition, residents have access to a communal kitchen area, sitting room and a garden area to the back of the home. There is also a room allocated as an office and staff sleepover room. The staffing team consists of a person in charge, team leader, social care workers and care assistants. Support is provided 24 hours a day, seven days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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 10 August 2023	09:00hrs to 16:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to assess the centre's ongoing compliance with regulations and standards. The designated centre was initially registered in June 2022. The inspection found that the provider, person in charge, and staff team had made a number of improvements to service provision to ensure the designated centre was meeting compliance with key regulations and therefore improving the lived experience of residents within the home. There was a person-centred model of care being delivered and residents were kept safe. Quality improvement was driven by robust systems of oversight both at local and provider level.

The inspector had the opportunity to meet with the two residents that lived in the centre. On arrival at the centre the inspector noted hanging baskets and potted plants placed outside the door. The front garden presented as well kept and it was a welcoming space to arrive too. One staff member was present and they welcomed the inspector in and completed relevant sign in procedures. Both residents were in bed at this time. The residents ordinarily attended a day service five days a week. The day service was closed for the summer break at the time of inspection. The staff member explained that they encouraged the residents to sleep-in during this period as they were not under any time constraints to be at their day service.

The designated centre comprises a two-storey semi-detached building in a residential area near a town in Co. Carlow. Downstairs there was a kitchen/dining area, a sitting room and a visitors toilet. Upstairs there were two bedrooms, one bedroom was en-suite. A main bathroom and a room assigned as a staff office/staff sleep over room was also located upstairs. The home was very clean, well presented and homely. There were pictures of residents on display throughout the home and other personalised items displayed in each room. The home was nicely decorated with soft furnishing and other items on display. The inspector viewed each resident's bedroom. Both bedrooms were decorated to each resident's specific preference and taste. For example one resident had posters of their favourite character on the walls. There was storage available for all their personal items. To the back of the home was a garden area which was maintained to a good standard. There was seating available to residents and a shed had been installed for additional storage.

As the residents came up to the kitchen the inspector had the opportunity to speak with residents and observe their morning routine. Residents' communication requirements differed from the use of spoken language at conversational level to using vocalisations, facial expressions and gestures to indicate their preferences. At this time residents were observed to be very independent in their routines. They were putting on laundry, preparing their own breakfast and preparing packed lunches for their day out. Both residents appeared very happy and comfortable in their home and moved freely from room to room and out to the garden. Two staff arrived to help support the residents as needed. Interactions between the residents and staff were patient, kind and caring. Residents were seen to smile frequently

when staff spoke to them and it was evident they were familiar with both staff members.

Both residents were comfortable when the inspector was present but choose not to engage with them. They were busy with their daily routines and staff explained it was important that they completed them. They frequently smiled when spoken too and with some encouragement spoke about some important events that had happened in their lives recently. One resident showed the inspector around their room. They had a lap top available to them and told the inspector they enjoyed watching music videos on this. The residents had planned a day trip to a local seaside town and also planned to complete some shopping. There was a relaxed calm atmosphere in the home.

Positive risk taking was a key element of the care and support being provided to residents. Residents were encouraged and facilitated to have autonomy over many aspects of their daily routines. Residents' independence was encouraged across day-to-day activities such as spending time completing activities without staff support and also across daily routines such as completing chores independently. For example, a resident was dropped to the local gym. The resident was given a time to when they would be collected and also had a mobile phone on them so they could contact staff at any time. This was an activity the resident really enjoyed and prior to moving to the designated centre they had been attending a gym independently. Staff provided other examples of routines the resident like to complete without support and this included going for short walks in their local community.

From a review of documentation and speaking to staff it was evident that both residents had busy meaningful lives. Family connections were important to both residents and this was facilitated as much as possible through regular family visits and phone calls. Residents enjoyed a wide range of activities including holidays, walking, meals out, attending local amenities and events, swimming, and attending a local gym. A resident was in the process of completing driving lessons and had successfully completed a number of lessons to date. Further education was encouraged with residents attending short courses around staying safe, personal decision making, problem solving and food hygiene. Obtaining paid employment was an important goal for a resident. The inspector reviewed documentation to evidence how the resident was linking in with local agencies around this.

Overall the inspector found that the staff team, person in charge and provider were providing person-centered care. The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that the designated centre was well managed, and that

this was resulting in the delivery of good-quality, person-centred care and support for the residents living in the centre. The residents appeared happy and content in their home. They were supported by a staff team who were very familiar with their needs and preferences. Each staff member who spoke with the inspector was motivated to ensure the residents were living a life of their choosing. It was evident that staff were fully cognisant that this was the residents' home and that their focus was on supporting them to make choices around their specific care and support needs. Some improvements were needed in relation to the notification of incidents to the Office of the Chief Inspector.

The provider was completing six monthly announced inspections and annual reviews in the centre. In addition, regular audits were being completed by the person in charge. Audits included financial audits, medication audits and infection prevention and control (IPC) audits. Actions identified from the reviews were clear, assigned to a specific person and updated on a regular basis.

The residents were also supported by a staff team who they were familiar with. From discussions with the staff team and reviewing documentation in the centre, it was evident that they were motivated to ensure the residents' interests and choices were encouraged and recognised. Continuity of care was evident and all residents appeared very comfortable in staff presence.

Overall the staff team had access to training and refresher training in line with the organisation's policies and procedures and the residents' assessed needs. A small number of staff required some refresher training in some mandatory training areas. They were in receipt of regular formal supervision which was completed by the person in charge. Team meetings were occurring regularly and found to be resident focused. Audits, safeguarding, accidents and incidents and specific residents needs were regularly discussed, and learning following reviews were shared across the team.

Regulation 15: Staffing

The registered provider ensured that the qualifications and skill-mix of staff was appropriate to the assessed needs of the residents. There was an established staff team in place which ensured continuity of care and support to residents. The staff team consisted of person in charge, a team leader, healthcare assistants and social care workers.

The person in charge maintained a planned and actual roster. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. Two regular relief staff were rostered to support the residents during the day of inspection. All staff present were found to be knowledgeable of each resident's specific needs. The spoke about residents in a very respectful manner and were caring and kind in all interactions observed.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, the majority of staff had up-to-date training across mandatory requirements and specific training in line with residents' specific assessed needs. A small number of staff require refresher training in areas such as fire safety and IPC training requirements.

The provider had policies and procedures in place in terms of supervision of staff. This included one-to-one supervision sessions with group supervision. It was found that overall staff were in receipt of supervision in line with the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre which ensured that residents received a service which met their assessed needs. The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was knowledgeable around residents' specific needs and preferences. They were supported in their role by a team leader. The team leader was assigned specific supernumerary hours to complete relevant aspects of their role.

Annual reviews and six monthly unannounced provider audits were completed in the relevant time lines. Overall, they were comprehensive in addressing areas of improvements and clear actions plans were developed on foot of areas identified. For example, in the most recent six monthly provider audits 16 actions were identified, 13 were completed and three actions were ongoing at the time of inspection

The person in charge had developed a schedule of audits to review key aspects of care and support. A clear plan was in place to when each audit was to be completed. Again actions were devised as appropriate and driving key areas of service improvement.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the Regulation were reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. Not all notifications had been submitted as required. The provider had failed to notify information around minor injuries and information in relation to medical treatment sought in terms of more serious accidents. Although these were submitted retrospectively following inspection. Systems required review to ensure incidents were reported in a timely manner.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The policies and procedures required under Schedule 5 of the Regulations were in place and had been updated on line with the timeframe identified in the Regulations. In the recent annual review the provider had identified two policies that were due to be reviewed and this process had been completed prior to the inspection.

Judgment: Compliant

Quality and safety

The residents lived in a warm, clean and comfortable home. A review of documentation and observations indicated that their rights and choices were promoted and respected. They were being supported to regularly engage in activities of their choice, both in their home and their local community. There were systems in place to ensure the residents were safe. Due to a person-centered service being delivered there were good levels of compliance with Regulations. Some improvements were required in relation to health care, specifically in documentation processes.

Residents had access to a range of social and health care professionals as required. They were supported to attend all appointments. Good outcomes in terms of health were achieved for residents within the home. However, not all healthcare needs were documented in a support plan to guide staff in a consistent manner. Healthcare plans required review to ensure they were up-to-date and in line with residents' specific assessed needs.

The inspector found the premises to be well maintained, homely and for the most part laid out to meet the needs and number of residents. Each resident had an

individual bedroom which facilitated the storage of their personal items and clothes. Each room was personalised to reflect the items and people that were important to them. Residents had access to garden areas which were well kept.

The inspector found the arrangements in place to safeguard residents were appropriate. Staff spoken with were knowledgeable on both local and national procedures and were all up-to-date with the relevant safeguarding training. Systems had been introduced to ensure residents finances were kept safe through regular auditing.

Regulation 12: Personal possessions

On the walk around of the centre, it was evident that items and possessions that were important to residents were stored and readily available to residents as they needed. For example, a shed was installed in the back garden to ensure adequate storage for a resident's exercise equipment.

Residents' personal items were respected and protected. Personal asset lists were kept up-to-date. They had control over their own possessions and financial affairs. Each resident had their own bank account. Residents were assessed to ensure the appropriate support was provided in relation money management. The provider had also ensured that residents were consulted and had given consent to they type of support being provided. For example, a resident that was assessed to have independence in areas of money management had expressed the difficulty in providing and keeping receipts for every purchase. In order to ensure the resident's money was adequately safeguarded, the resident had consented to staff reviewing bank statements with them on a monthly basis. This process had occurred and both the staff member and resident had signed off on statements each month.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that residents' independence was encouraged at all times. Residents were supported to participate in activities and educational programmes of their choice. One resident was perusing employment opportunities and was liaising with relevant agencies with the support of staff. The inspector found that the residents had opportunities to develop and maintain personal relationships and links with the wider community. Residents had busy, active lives and autonomy over their daily routines. On the day of inspection, staff explained how they offered choices of activities to a resident and how the resident communicated their specific preferences.

Judgment: Compliant

Regulation 17: Premises

The centre comprises of a semi-detached three bedroom home in a residential setting. Residents had access to communal spaces such as a living room, open plan kitchen dining area and a back garden. As previously stated each resident had their own bedroom. One bedroom was en-suite and the other resident had sole access to the main bathroom. One bedroom was assigned as a staff/office and bedroom. The house was well kept, warm and homely. There was sufficient storage in place for residents' personal items.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had risk assessments and management plans in place which promoted safety of residents and were subject to regular review. There was an up to date risk register for the centre and individualised risk assessments in place which were also updated regularly to ensure risks were identified and assessed. There was an effective system in place for recording adverse incidents and accidents. This system included an incident analysis to inform risk management procedures.

Residents were involved in risk management procedures and consulted with on the control measures being put in place.

The centre had up to date risk management policy in place which was also subject to regular review and contained all the information as required by the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. here was infection control guidance and protocols in place in the centre. The inspector observed that the centre was clean. There was sufficient access to hand sanitising gels and hand-washing facilities observed through-out the centre. All staff had adequate access to a range of personal protective equipment (PPE) as required. IPC audits took place on a regular basis.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre. Each resident had a personal evacuation plan in place. Fire containment measures were in place in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A policy was in place to ensure staff managed and administered medication in a safe and responsible manner in line with best practice. Medication management plans and assessments were available and kept up-to date. All staff had received training in the safe administration of medications. In addition, PRN medicines (medicines only taken as the need arises) protocols had been completed and were in place. Regular medication audits were occurring and identifying areas of improvement. Medication errors were appropriately recorded and responded too.

Judgment: Compliant

Regulation 6: Health care

Residents were in receipt of a service that ensured the majority of residents' healthcare needs were being met. For example, each resident had access to their own General Practitioner (GP) and visits to their GP were documented in their care plans. However, not all healthcare needs had an associated healthcare plan or at times healthcare plans had not been updated to reflect changing needs. For example, a residents' diabetes diagnosis had changed, their healthcare plan had not been updated to reflect this information.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. The inspector reviewed a sample of incidents and accidents occurring in the designated centre. There was evidence that incidents were appropriately managed and responded to. The residents were observed to appear content in their home. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector saw evidence that the designated centre provided a service which was person-centred and respected individual residents' dignity, choice and autonomy. There was evidence that residents were actively consulted with regarding the day to day running of the centre and that their individual choices and preferences were respected. For example, residents were consulted on how their money was safeguarded, control measures in risk assessments,, meal planning, activities and decoration of their home.

When speaking about residents, staff used positive, professional and caring language. Interactions were kind and patient and in line with residents' specific assessed needs.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No. 3 Oakley Glen OSV-0008231

Inspection ID: MON-0037307

Date of inspection: 10/08/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge will insure that the required refresher training takes place for staff in the areas of fire safety and IPC. This will be completed by 31.10.2023</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge will retrospectively submit the two NF 39 D quarterlies for 2023. The Person in Charge will retrospectively submit an NF 03 in relation to the instance identified by the inspector on day of inspection.</p> <p>The Person in Charge shall introduce a “minor injuries” monitoring log to ensure that all the relevant events in the designated center pertinent to minor injuries are captured in an efficient and timely manner. This will be completed by 16.08.2023</p> <p>The Person in Charge will submit all NF 39 D quarterlies as required in a timely manner using all relevant information contained within the designated centers minor injuries log. This will be completed by 31.10.2023</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Registered Provider will ensure that the Person in Charge reviews the Healthcare documentation to ensure that all residents have a health care plan that meets their identified needs. This will be completed by 29.09.2023</p> <p>The Person in Charge will ensure that resident’s distinct healthcare needs have specific support plans as required.</p> <p>The Person in Charge shall ensure that the Health Care plan identified on day of inspection as not being reflective of that Residents current diagnosis is updated to reflect appropriately. This will be completed by 29.09.2023.</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 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	31/10/2023
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	16/08/2023
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the	Not Compliant	Orange	31/10/2023

	chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	29/09/2023