



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:	Announced
Date of inspection:	16 December 2021
Centre ID:	OSV-0001853
Fieldwork ID:	MON-0027273

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:

4

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 16 December 2021	09:45hrs to 17:30hrs	Leslie Alcock	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to assess the centre's ongoing compliance with regulations and standards. The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day.

The designated centre comprised of a two storey house in a residential area on the outskirts of a town. It was designed and laid out to meet the needs of the residents. The centre presented as a warm and homely environment decorated in accordance with the residents' personal interests and preferences.

The inspector spoke with the residents to determine their views of the service, observed where they lived, observed care practices, spoke with staff and reviewed the residents' documentation and questionnaires. This information was used to gain a sense of what it was like to live in the centre. On arrival, the inspector was greeted by the person in charge and the team leader as three of the residents were attending their day service and another resident was at work.

The inspector had the opportunity to meet and spend time with three of residents on the day of the inspection when they returned from their day service and spoke to another resident on the phone. Residents moved freely throughout the centre and appeared very comfortable in their environment and in the company of staff. In general, the inspector found that the residents were supported by the staff who demonstrated that they were aware of their individual needs and were observed to communicate with the residents in an effective and respectful manner.

In addition to their day service and work, the residents enjoyed personalised activation schedules. Activities that the residents enjoyed taking part in included; swimming, going to the cinema, nail painting, baking and meeting friends and going for coffee. On the day of the inspection, the inspector observed the residents arranging where they would go for dinner that evening together. The inspector also observed one of the residents reminding the others to bring their EU COVID-19 vaccination certificates to dinner.

The inspector observed respectful, warm and meaningful interactions between staff and the residents during the day. Staff spoken with on the day of inspection spoke of the residents in a professional manner and were keenly aware of their needs. Staff were observed adhering to guidelines and recommendations within individualised personal plans to support the residents to achieve a good quality of life.

The feedback in the residents questionnaires were very positive in relation to their experience of care and support in the centre. For example; resident's stated that

they were happy with the amount of choice and control they had in their daily lives and that they are supported to achieve their goals. The residents also indicated that they were happy with staff, that the staff were easy to talk to, listen to them and know their likes and dislikes. One resident stated that "the staff are funny" and another resident advised that the staff are "kind and funny".

All the questionnaires indicated that the residents had not made a complaint but a number of them stated they would speak to staff if they were unhappy. The surveys indicated that the residents were happy with the centre including their bedroom and how comfortable they are. The questionnaires also stated that the residents were content with the visiting arrangements, the food and mealtimes.

When describing activities the residents enjoyed, in addition to activities previously mentioned above, the surveys listed; cooking, watching films, going to concerts, dancing to their favourite music, doing their woodcarving job, horse-riding, skipping, going to day service, talking with friends and going for coffee. One resident advised that they enjoy having a laugh with their friends in the centre and another resident advised that they enjoy their independence.

In summary, based on what the residents and staff communicated with the inspector and what was observed, it was evident that the residents received good quality care and support. The next two sections of this report outline the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found high levels of compliance. The registered provider had ensured the designated centre and provision of care and support was in line with residents' needs and individual preferences.

There was a clearly defined management structure. The provider appointed a full time, suitably qualified and experienced person in charge who had regular oversight of the centre. The person in charge was supported by a full time team leader, the staff team and senior management.

There was an effective governance system in place ensuring a good quality service was being provided. Regular audits and reviews of the service being provided were taking place. An annual review of the care and support provided had been completed and appropriate actions had been identified and addressed. In addition to this, the provider conducted six-monthly unannounced provider audits as required by the regulations, along with their own internal quality assurance audits in areas such as infection prevention and control.

There was a clear staff rota in place that accurately reflected staff on duty. Staff

spoken with were familiar with their role in the designated centre and how to meet the assessed needs of the residents in their care. All staff had access to appropriate training, including refresher training, as part of a continuous professional development program. There was regular formal supervision and support provided to individual staff.

The inspector found evidence that admissions occurred in line with the designated centre's criteria outlined in their statement of purpose. There was also contracts for the provision of services for the residents in place that included the terms and conditions of residency.

Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the role. This person had oversight of an additional designated centre and there were effective management systems in place to support the person in charge in having oversight of the two designated centres. The person in charge had systems in place to monitor the quality of care and support for residents and was found to have a regular presence in the centre. They were focused on quality improvement and on ensuring residents were happy and safe in their home.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the staff rota in place which was reflective of the staff on duty. There was appropriate skill mix and numbers of staff to meet the assessed needs of the residents. The staff were knowledgeable about how to meet the residents' needs and seen to interact with them in a warm, respectful and dignified manner. The provider ensured continuity of care through the use of an established staff team and a small number of regular relief staff. It was communicated and evidenced that there were regular staff meetings. There was a robust management on-call system in place with additional measures being introduced in anticipation of the Christmas holidays and possible complications arising due to COVID-19.

A sample of personnel files were reviewed and they contained all the required documentation as per Schedule 2 of the regulation.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for the staff team to receive training to support them in meeting the assessed needs of the residents. The inspectors viewed evidence of mandatory and centre specific training records. All training and refresher training was up-to-date for staff.

Staff were in receipt of formal supervision which was happening regularly and in line with the providers policy. It was found that there was a comprehensive induction programme and that the person in charge had also ensured effective systems were in place for performance reviews as part of the staff's probation.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate governance and management structures in place with clear lines of authority and accountability to ensure the safe and quality delivery of care to the residents. The registered provider had appointed a full time, suitably qualified and experienced person in charge who had regular oversight. The person in charge was supported by a full time team leader and senior management who also demonstrated good oversight of the centre. There was evidence that the staff team and the management team were meeting regularly.

The registered provider had arrangements in place to monitor the service provided to residents. The annual review for the previous year and six-monthly unannounced provider audits were occurring in line with the requirements of the regulations. These audits also included feedback from staff, residents and their relatives. The provider self identified areas of improvements and addressed them appropriately. The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis.

In addition to audits required by the regulations, the provider had carried out regular internal quality assurance audits in areas such as finance, health and safety, personal care plans, medication management and infection prevention and control. These internal audits involved talking to the residents and assessing staff knowledge in various areas such as safeguarding, identifying COVID-19 symptoms and donning and doffing PPE. Following the last inspection, there was evidence that the residents' individual risk assessments were reviewed and the findings were discussed with resident's. For instance; with the resident's consent, the provider arranged fire safety training for them which was facilitated by the local fire service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The centre received two recent admissions. The inspector found evidence that admission occurred in line with the designated centre's criteria outlined in their statement of purpose. The inspector spoke with residents and reviewed records in relation to the two residents who recently transitioned into the designated centre. Prior to each residents' admission, a comprehensive transition plan was developed with input from the residents and multi-disciplinary professionals. The plan included an in-depth assessment and background information related to the residents. Prior to the resident's admission, each resident had the opportunity to visit the centre a number of times and meet the resident's living in the centre. These pre-admission visits assisted the provider to assess the compatibility and the impact the new admissions would have on the current residents.

The inspector found that there were contracts for the provision of services in place which included the terms and conditions of residency such as the fees. These contracts included an easy to read version which were signed by the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose and function is a governance document that outlines the service to be provided in the designated centre. A few minor amendments were required in relation to the remit of the person in charge and the therapeutic supports available. These amendments were made on the day of the inspection to ensure the document contained all the information required by the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had notified the chief inspector of incidents and restrictive practices in the service in accordance with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The inspector reviewed a number of key areas to determine if the care and support

provided was safe and effective to the residents at all times. This included meeting residents and staff, observing care and support practices and conducting a review of risk documentation, fire safety documentation, residents personal care plans and cleaning schedules. Overall, the inspector found that the centre provided a comfortable home and person centred care to the residents. The management systems in place ensured the service provided appropriate care and support to the residents.

The registered provider took measures to ensure the residents healthcare needs were met. The resident's had access to and regular input from multi-disciplinary professionals including; psychiatry, physiotherapy and dental care.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through centre specific risk register and individual risk assessments. The risk management register outlined the control measures in place to mitigate the identified risks. It was also evident that the actions from the previous inspection were addressed in relation to potential risks during times when the residents were in the centre unsupported by staff. For instance; from speaking with residents, and staff, and reviewing documentation that the residents took part in fire safety training and fire drills. Residents also demonstrated their awareness of what they would do in the event of a fire to the inspector.

The house was suitably designed and equipped to support the residents and their needs. The premises was clean, in a good state of repair both internally and externally. Risks relating to the current COVID-19 pandemic had also been carefully considered, with appropriate control measures in place.

The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. Staff training was up to date and there was evidence of regular fire evacuation drills taking place in the centre. The registered provider also provided fire safety training for the residents. There was a minor issue noted on the day of the inspection in relation to a number of fire doors which was quickly rectified to ensure all appropriate containment measures were fully effective at the close of the inspection day.

Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff spoken with had a good knowledge of safeguarding procedures and told the inspectors what they would do in the event a safeguarding concern arose. Residents were seen to be offered the opportunity to exercise choice and control over their daily activities and had access to all areas of the centre. Residents also presented as safe and well cared for, based on the inspector's observations.

Regulation 17: Premises

The designated centre comprised of a two storey house in a residential area on the outskirts of a town. It was designed and laid out to meet the needs of the residents. The centre presented as a warm and homely environment decorated in accordance with the residents' personal needs and interests, and it was well maintained. The provider had ensured the provision of the requirements set out in Schedule 6 including adequate storage, and adequate social, recreational spaces as well as kitchen, bathroom and dining facilities. Along with large communal areas such as the sitting room and kitchen, the designated centre had a well maintained garden.

Judgment: Compliant

Regulation 20: Information for residents

Resident guides were prepared and available to residents in the designated centre. A number of amendments were required to ensure that resident's guide met all the requirements in the regulation, such as information about the terms and conditions of residency and how to access inspection reports. These amendments were completed on the day of the inspection and the provider also ensured there was an easy to read version available for residents also. The inspector observed the person in charge discussing the updated resident's guide with residents on the day of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had detailed 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 management register for the centre which was reviewed by senior management, the person in charge and the team leader. There was also individualised risk assessments in place which were also updated regularly to ensure potential risks were identified and assessed. There was an effective system in place for recording incidents and accidents. This system included an in-depth incident analysis that recorded the type of incident, actions taken, if further action was required and if the appropriate authority was informed. The post incident analysis also assessed if the residents support plans or risk assessments should be updated as a result of the incident. From a sample of incidents and accidents reviewed, it appeared that they were managed and reviewed appropriately. It was also evident that internal audits of incidents and accidents were also taking place regularly by management.

Actions from the previous inspection were addressed in relation to potential risks

during times when the residents were in the centre unsupported by staff. For instance; it was evident from speaking with residents, and staff, and reviewing documentation that the residents took part in fire safety training and fire drills that were facilitated by the local fire service and staff. Residents also demonstrated their awareness of what they would do in the event of a fire to the inspector.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had taken steps in relation to infection prevention and control in preparation for a possible outbreak of COVID-19. The person in charge ensured sufficient personal protective equipment (PPE) was available at all times and staff had adequate access to hand sanitising gels and appropriate hand washing facilities. The centre was visibly clean and there was a cleaning schedule in place that included deep cleaning of all aspects of the designated centre.

All staff had also completed the relevant up-to-date training. Residents were observed wearing PPE such as face masks and were supported to understand the importance of this. Regular COVID-19 symptom checks were completed by staff and residents and there was ample signage observed throughout the centre. Risks associated with residents and staff contracting COVID-19 had been carefully considered and risk assessed with appropriate control measures in place. An up to date COVID-19 preparedness and service planning response plan was in place. There was also regular COVID-19 preparedness audits taking place to assess the centre's compliance with same. The Infection Prevention and Control audits also that involved speaking with the residents and an assessment of staff knowledge in areas such as identifying COVID-19 symptoms and donning and doffing PPE.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety measures were noted around the designated centre including fire fighting equipment, emergency lighting, detection systems and fire extinguishers which were serviced as required. Staff training was up to date and they demonstrated knowledge of what they would do in the event of a fire. Staff were completing regular checks and fire evacuation drills with residents which were carried out in an efficient manner. There personal emergency evacuation plans in place for each of the residents which detailed information in relation to the residents understanding of the evacuation process and their ability to evacuate independently. From speaking with residents and reviewing documentation, the inspector found that the

provider also arranged fire safety training for the residents to ensure they were aware of what to do in the event of a fire during times when they were in the centre unsupported.

The inspector found evidence that the registered provider's health and safety coordinator invited a fire competent expert to conduct a service wide assessment on their ongoing compliance with the fire safety. There was a minor issue noted on the day of the inspection in relation to a number of fire doors and this was promptly followed up with maintenance to ensure all appropriate containment measures were fully in place at the close of the inspection day.

Judgment: Compliant

Regulation 6: Health care

The registered provider took measures to ensure the residents healthcare needs were met. Healthcare assessments were in place and reviewed regularly with appropriate healthcare plans that arose from the assessments in place. There was evidence that residents were facilitated to access medical treatment when required, including national screenings and vaccinations, and a record of medical appointments were kept. The Inspectors noted the residents had access to and there was input from allied health and social care professionals such as psychiatry, speech and language therapists, dentists, physiotherapy, and counselling.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse in the centre. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Staff were also familiar with who the designated officer for the centre was. As there were a number of new residents who recently moved to the centre, potential safeguarding concerns were carefully considered and risk assessed with appropriate measures put in place. There was evidence that the residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. For instance; the registered provider developed safeguarding passports which outlined information such as the types of abuse and a list of people the residents could talk to. These easy to read safeguarding passports were discussed with residents during key working sessions to support residents to understand and identify potential safeguarding risks and how to keep themselves safe. There was also an up to date safeguarding policy in place that provided clear guidelines for staff should a concern

arise.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured residents were consulted and encouraged to participate in how the centre was run. For instance; there was regular house meetings and the residents completed questionnaires to provide feedback on the service and support provided them. When the inspector arrived a number of the residents' bedroom doors were locked and it was communicated that the residents wanted to show the inspector their rooms when they returned from day service. However, to assess the effectiveness of the fire doors, the team leader called each resident to seek their permission to unlock the door of their room to check the fire doors. When the resident's returned from the day service, they showed the inspector their bedrooms. The inspectors found that care practices respected resident's privacy and dignity. The staff were seen to interact with residents in a respectful and dignified manner. The inspector observed staff offer residents the opportunity to exercise choice and control in their daily lives.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant