



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:	07 September 2021
Centre ID:	OSV-0004466
Fieldwork ID:	MON-0033248

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 rural area. 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 to provide a full-time residential specialist service for one male adult with autism. 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. The centre has a medium-sized kitchen and a separate sitting room which was comfortably furnished. A social care model of support is offered in this 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:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 7 September 2021	09:00hrs to 17:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life. Residents' had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed both in the centre and in the local community. Throughout the inspection it was clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

Due to COVID-19 infection control precautions, the inspector limited the time spent in the communal areas of the centre during the inspection. To reduce infection control risk most of the inspection was carried out in an office in the centre.

The inspector met with 3 residents who lived in the centre, some of whom were happy to talk to the inspector about living there. Residents who spoke with the inspector were very happy about living in the centre and enjoyed their life there. While some residents were able to verbally express their views on the quality and safety of the service, they were observed to be in good spirits and comfortable in the company of staff. Residents were smiling and were clearly relaxed and happy on the centre. Staff were observed spending time and interacting warmly with residents, and were very supportive of residents' wishes and preferred activities. Observations and related documentation showed that residents' preferences were being met.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families or representatives, and this information was used for personalised activity planning for each resident. There were enough staff in the centre to ensure that residents' support needs were met. There were sufficient staff on duty during the day and night to ensure all residents were supported as per their individual plans. In addition, staff were observed providing individualised supports for residents on the day of inspection. Two residents were observed by the inspector preparing to return to day services for a period of time during the day, as they had met briefly with the inspector during the inspection. These residents were relaxed and smiling while they awaited their transport.

During the inspection it was clear that staff communicated calmly and kindly with residents. Communication plans had been prepared for residents to help them to communicate their needs. Some of the communication techniques used included photographs to identify staff on duty and clear pictorial information. At a staff meeting staff had discussed dining experience for residents. The preparation of meals for residents included individual meal preparation based on their food preferences. This was to ensure that each resident had food that they really enjoyed at each meal.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean spacious, suitably furnished and decorated and equipped to meet the needs of residents. There was internet access, television, games, and music choices available for residents. Communal areas were decorated with suitable colour themes, and comfortable soft furnishings and decor. There was adequate communal and private space for residents, a well equipped kitchen and sufficient bathrooms,

Residents had their own bedrooms which were comfortably decorated, furnished and person centred. Residents' bedrooms were decorated in calm, relaxing colours, while others were vibrant and strong and represented themes and interests that residents were passionate about. There was adequate furniture in which residents could store their clothing and belongings.

At the rear of the house there was a spacious garden area to suit the needs of all residents and to support their enjoyment of this outdoor space. There was garden furniture so that residents, who chose to could maintain their personal space outdoors while dining or relaxing outside.

In summary, the inspector found residents' safety and welfare was paramount. The systems and arrangements that the provider had put in place in this centre ensured that the residents were supported and encouraged to choose how they wished to spend their time and they were involved as much as possible in the running of their home.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The provider's management arrangements ensured that a good quality of service was provided for people who lived in this centre. There was strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this.

The provider had ensured that there was a management structure in place that was led by a person in charge, and a team leader. There was a strong management team presence, and in general, this led to the effective delivery of care. The provider had completed the required reviews and reports focusing on the quality and safety of care provided in the centre as per the regulations. The inspector noted that an annual review of quality and safety of care and support in the centre had also been carried out and that residents and their representatives had been consulted. Actions had been identified following these, and there were appropriate systems in

place that ensured that identified actions were being addressed.

During the inspection it was clear that staff communicated calmly and kindly with residents. communication plans had been prepared for residents to help them to communicate their needs. some of the communication techniques included photographs to identify staff on duty and clear pictorial information.

Overall, from speaking directly with management and staff during the course of this inspection and from reviewing a sample of documentation, the inspector was assured that the service would and was being managed effectively so as to meet the assessed needs of the current residents and the resident waiting to move in. Of the staff spoken with (the person in charge and team leader for the specialist service) the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. From viewing a small sample of files the inspector observed that staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, children's first, fire safety training, manual/patient handling, safe administration of medication and positive behavioural support. This meant they had the required skills to support the residents in a competent and consistent manner.

The person in charge held team meetings with staff in the centre as scheduled every 3 months, at which a range of relevant information was discussed and shared. These included the ongoing care, support and progress of each resident, and how the service was progressing. Actions from previous staff meetings and COVID-19 were included at every staff meeting.

The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. Furthermore, the centre was suitably resourced to ensure effective delivery of care and support to residents.

The provider had ensured that there were sufficient staff available to support residents, and that staff were competent to carry out their roles. A staffing roster had been developed which was clearly stated and was accurate at the time of inspection. records indicated and staff confirmed, the required staffing levels could be comfortably achieved at all times. The inspector found this to be the case on the day of inspection.

Overall, from speaking directly with management and staff during the course of this inspection and from reviewing a sample of documentation, the inspector was assured that the service would and was being managed effectively so as to meet the assessed needs of the current residents.

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge, who had good knowledge of the needs and support requirements for the residents and good systems for monitoring and review of these.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents met the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The centre had appropriate governance and management systems that led to the effective monitoring of the care and support provided to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied that the provider and person in charge was submitting the required notifications to the chief inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs.

The centre was being operated in a manner that promoted and respected the rights of residents. As noted earlier, residents were being supported to engage in activities of their choosing and were supported to maintain contact with their family members regularly.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. A number of residents presented with complex needs, their support plans were detailed and under review by the centre's management team and the provider's multidisciplinary team. There was evidence that these plans were treated as live documents and tracked the changing needs and supports required for residents.

The inspector reviewed a sample of personal plans. There were arrangements in place to support residents to maximise their personal development in accordance with their needs and wishes. The inspector noted that residents had been supported

to complete a number of achievements in 2020 and goals had been set for them to work towards in 2021.

The inspector observed that residents had access to appropriate healthcare professionals. There were health action plans and risk assessments focused on promoting the health of residents, and these were under regular review.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean, spacious, suitably furnished and decorated and equipped to meet the needs of residents. communal areas were decorated and equipped to meet the needs of residents. There was Internet access, television, games, and music choices available for residents. There were suitable colour schemes, and comfortable soft furnishings and decor. There was adequate

Effective fire safety precautions were in place, including, fire detection and containment arrangements and multiple fire exits were also available throughout the centre. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. A personal evacuation plan was in place for each resident.

The provider had ensured that there were systems in place to respond to safeguarding concerns. The inspector reviewed previous investigations carried out following concerns being raised and found that the provider and person in charge had responded appropriately. The person in charge had also ensured that all staff members had received appropriate training in relation to safeguarding residents and the prevention, detection, and response to abuse.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to maintain the safety and welfare of staff and residents. regular temperature checks were occurring, social distancing was practiced and staff wore appropriate PPE when supporting residents. The provider had contingency plans in place in response to an outbreak of infection at this centre, which included arrangements should residents require isolation as well as the response to decreasing staff numbers.

On review of residents' rights the inspector found that residents participated and consented to decisions about their care and support. The residents views and wishes, and as such their choices, were key factors in the decisions on the way the centre was organised, and how care and support was provided. As described individual activity choices were respected and provided for, as was residents' choices on food and drink preferences. Residents' privacy and dignity was observed to be respected, in that residents had their own rooms, personal information was securely stored, and staff were observed to assist residents in a respectful and dignified way.

There was a system in place to manage risks in the centre and to report and respond to adverse incidents. Individual risks had been identified and control measures were in place to mitigate the risks presented. Adverse incidents had been reported and recorded, with follow up actions taken to prevent re occurrence inform learning.

The inspector reviewed all premises of the designated centre and found it was comfortable, spacious and well laid out. The inspector found there were minor areas for improvement. This included, painting externally, replacement of handles on a bedroom cupboard and review of a carpet that was noticeably worn and lifting in a vacant bedroom.

Overall, residents were receiving a service that was tailored to their needs and was promoting their rights.

Regulation 10: Communication

The staff team supporting residents were aware of their communication needs. Residents had access to assistive technology if required.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. The centre was well maintained and clean, comfortable and suitably decorated throughout. However, painting was required externally in one house, a carpet required replacing and door handles were missing on a cupboard.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had ensured information for residents was provided in the centre, as required by the regulations, and in an accessible format if required.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management systems protected residents and were proportionate, without impinging unduly on residents' freedom. Relevant risks were identified for the residents and suitable support plans implemented for situations such as fall, weight loss, seizure activity and mobility.

Judgment: Compliant

Regulation 27: Protection against infection

There were robust measures in place to control the risk of COVID-19 infection in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had safety precautions in place, including, fire detection and containment arrangements, emergency lighting and regular fire safety checks. Fire drills were regularly occurring with all staff and residents and records demonstrated that staff could effectively support residents to evacuate the centre in a timely manner. A personal evacuation plan was in place for each resident and they gave clarity on the specific support each resident required to evacuate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had good access to a range of multidisciplinary assessments, including dietitians, occupational therapy, neurology, and general medicine care. The residents' care needs and plans were reviewed frequently, in consultation with the residents and their guardians. Changes were made to detailed support plans where necessary. the residents social care needs and preferences, access to their preferred activities and the community were well supported.

Judgment: Compliant
Regulation 6: Health care
The provider had ensured that the residents were being receiving or being offered appropriate healthcare.
Judgment: Compliant
Regulation 7: Positive behavioural support
The provider had suitable measures in place for the support and management of behaviour that challenges.
Judgment: Compliant
Regulation 8: Protection
The provider had effective systems, policies and procedures in place to protect the residents from abuse. There was a protocol implemented in specific situations which ensured that they were safe. Their personal care and finances were managed with due regard to their dignity and their protection.
Judgment: Compliant
Regulation 9: Residents' rights
The residents' rights were being protected by the systems for consultation with them and respecting their known preferences and wishes regarding their day-to day lives, their privacy and dignity, support with their monies and appropriate

consultation with their families.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially 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 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oak Services OSV-0004466

Inspection ID: MON-0033248

Date of inspection: 07/09/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance requirements have been reviewed and plans are in place to paint this building externally. New handles on the cupboards are now in place. Suitable floor covering has been identified and will be fitted by November 2021.	

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.	Substantially Compliant	Yellow	31/05/2022