

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

Issued by the Chief Inspector

Name of designated centre:	Oatfield House
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	09 February 2022
Centre ID:	OSV-0006699
Fieldwork ID:	MON-0027569

About the designated centre

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

Oatfield House provides a residential service for six adults, both male and female, over the age of 18 years with disabilities. The centre comprises one two-story house which accommodates five residents and one single occupancy one bed roomed apartment. Each resident has their own double bedroom decorated to their individual style and preference. Communal facilities include two large sitting rooms, a fully furnished kitchen cum dining room, a sun room and communal shower/bathrooms. Residents are encouraged and supported to participate in the community and to avail of the amenities and recreational activities. The service is staffed by a person in charge (who is a qualified nursing professional), two nurses, two team leaders and a team of direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 (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
Wednesday 9 February 2022	11:00hrs to 18:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service could provide residential care and support to six adults with disabilities and comprised of a large detached house and a separate apartment (on the same grounds as the house) in Co. Meath. It was in close proximity to local shops and other community based amenities and private transport was available to residents for trips and social outings further afield.

The inspector met and spoke briefly with three residents over the course of the inspection process and spoke with one family representative over the phone so as to get their feedback on the service provided.

On arrival to the house the inspector observed it was situated on private large well-maintained grounds just outside a busy town. It was clean, spacious, warm and welcoming and each resident had their own private bedroom (some being ensuite). Pictures of residents engaged in various recreational activities were on display in the hallway and, the inspector observed that residents appeared to be enjoying themselves and happy in these photographs.

Communal facilities included a large fully furnished kitchen cum dining room, a sun room, two spacious sitting rooms (one of which was used as a relaxation area with soft lighting and an oil diffuser), a number of bathrooms and showering facilities and a staff office. The apartment (which was to the rear of the main house) comprised of a large open plan sitting room/kitchen/dining area, a double bedroom and a bathroom. It was observed to be decorated to the individual style and preference of the resident residing there.

The inspector met with one resident (briefly) at the beginning of the inspection process and they appeared happy in the house. Staff were also observed to be attentive to their needs. Later in the day, the inspector observed this resident engaged in some art work at the kitchen table and, they appeared to enjoy this activity very much.

Each resident had an individual care plan in place (person centred plans) detailing important people in their lives, their care and support requirements, their healthcare related needs and their communication preferences. Activities residents liked to engage in were also documented in these plans. One resident liked relaxation therapies and over the course of this inspection, the inspector observed this resident relaxing in the sitting room with the soft lights and oil diffuser.

One of the residents' attended a local day service or 'hub' and the person in charge explained that there were numerous activities for them to engage in at this service which were based on their abilities, needs and expressed preferences.

Another resident liked to work with appliances and had their own work shed in the back garden. The inspector met with this resident for a short time in the kitchen and they appeared happy and content in their home. They were making their own coffee speaking with the person in charge in a relaxed and comfortable manner. The person in charge was observed to be professional, warm and caring in their interactions with the resident.

Residents were involved in the running of their own home and held regular meetings to decide and agree on menus for the week and social outings. At these meetings staff also discussed with important topics with the residents such as 'safeguarding' and 'how to make a complaint'.

During the course of this inspection, the inspector spoke with one family representative over the phone so as to get their feedback on the service. They reported that they were generally happy with the quality and safety of care and that the management and staff team were responsive in meeting the needs of their relative. They also said that they had no complaints about the quality and safety of care provided at the time of this inspection however, if they had any concerns they would have no issues raising them with the person in charge. They informed the inspector that last year they had a couple of issues however, when they were discussed with management and staff, they were addressed. The family representative reported that the healthcare needs of their relative were being provided for and as required access to a GP and/or dentist was supported by the staff team.

Issues regarding the admissions and discharge processes and risk management were identified as part of this inspection process, with more minor issues found in staffing, fire and aspects of the individual planning process. Notwithstanding, residents appeared happy and content in their home and feedback from one family representatives on the quality and safety of care provided was positive and complimentary.

Capacity and capability

On the day of this inspection, residents appeared happy and content in their home and the provider ensured that supports and resources were in place to meet their assessed needs. However, some issues were identified with the admissions and discharge process and with staffing arrangements for this centre.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis from Monday to Friday in this house. They were supported in their role by two team leaders which ensured there was a regular and consistent managerial and/or supervisory presence in the service.

The person in charge was an experienced, qualified nursing professional (with an additional qualification in management) and provided leadership and support to their team. They ensured that resources were managed and channelled as required, which meant that the individual and assessed needs of the residents were being provided for.

However, the staffing arrangements required review so as to ensure they were at all times in line with the statement of purpose. For example, the inspector observed that on occasion in December 2021, the service had operated with a shortfall of one staff member. It was also observed that relief staff were being utilised to address a shortfall of three full time direct support workers. When this was discussed with the person in charge and assistant director of services, they reported that this issue was in the process of being addressed. They also said that they were satisfied that the needs of the residents were being provided for as they had access to a panel of relief staff in order to address staff shortages.

The person in charge ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. From a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, first aid, positive behavioural support, manual handling and infection prevention control.

The person in charge was also found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. The person in charge and management team also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports. These audits were ensuring the service generally remained responsive to the regulations and responsive in meeting the needs of the residents.

However, the admissions process for this centre required review so as to ensure all admissions were determined on the basis of transparent criteria and took into account the need to adequately safeguard residents. For example, as a result of some on-going compatibility issues between residents, two had recently been discharged from the house and at the time of this inspection, plans were in place for a third discharge. It was also observed that an admission had taken place on January 31, 2022. On a review of all information regarding this admission, it was documented that the resident in question was met with on January 24, 2022 about

moving home and, their transition happened eight days later on January 31, 2022. While the resident had consented to this transition, it was documented that they had no independent advocate at this time and their family members raised some concerns about the short time frame proposed for the move. It was also documented that senior management were seeking to bring this admission forward due to immediate demand for services in another part of the organisation.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nurse with experience of working in and managing health and social care services. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements required review so as to ensure they were at all times in line with the statement of purpose.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. From a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, first aid, positive behavioural support, manual handling and infection prevention control.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis from Monday to

Friday in this house. They were supported in their role by two team leaders which ensured there was a regular and consistent managerial and/or supervisory presence in the service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The admissions process for this centre required review so as to ensure all admissions were determined on the basis of transparent criteria and took into account the need to adequately safeguard residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs. However, some issues were identified with the admissions and

discharge process and more minor issues identified with fire safety, individual personal plans and the risk assessment process.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families. For example, on the day of this inspection one resident had a visit from a family member while another, was supported to go shopping and visit their relatives. Residents interests and hobbies were also supported. For example, one resident had their own work shed in the garden where they liked to engage in work and activities of their choosing.

Residents were also supported to maintain and develop their independence and for some, this formed part of their on-going goals. However, aspects of the individual personal planning process required review so as to ensure information was adequately recorded on the times lines, progression and achievement of some residents goals.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a speech and language therapy, physiotherapy, occupational therapy, optician and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

It was observed that one resident was refusing to take their medication at the time of this inspection however, their multi-disciplinary support team (to include a psychiatrist) were aware of this issue and were actively involved in supporting both the resident and staff team with this issue.

Systems were in place to safeguard the residents and where required, safeguarding plans were also in place. There was one open safeguarding issue at the time of this inspection however, the issue was reported and responded to as required and, systems were in place to manage it. From speaking with one staff member over the course of this inspection, the inspector was assured that they would report any concern to management if they had one. A family representative also said if they had any concerns about the quality or safety of care they would speak with management and staff of the centre. From a sample of files viewed, staff had training in safeguarding of vulnerable persons and Children's First and information on how to contact the safeguarding officer was available in the centre.

There were systems in place to manage and mitigate risk and keep residents safe. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. However, aspects of the risk management process required review. For

example, one resident was on a 1:1 staff support in the centre. However, they could spend time on their own (at their request) in their apartment to the back of the house. While staff were able to explain the measures in place to ensure this residents safety, these measures were not adequately stated in the risk assessment process.

Adequate fire fighting equipment was in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and each resident had a personal emergency evacuation plan in place. Fire drills were also being facilitated as required. However, the fire emergency evacuation process required review. This was because one resident refused to evacuate the building during a fire drill in November 2021. While they had a personal emergency evacuation plan in place, it did not provide adequate detail on what steps to take should they again refuse to leave the house during a fire drill.

Systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection.

Regulation 17: Premises

Th premises were laid out to meet the needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Aspects of the risk management process required review. For example, one resident was on a 1:1 staff support in the centre. However, they could spend time on their own (at their request) in their apartment to the back of the house. While staff were able to explain the measures in place to ensure this residents safety, these measures were not adequately stated in the risk assessment process.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

The fire emergency evacuation process required review. This was because one resident refused to evacuate the building during a fire drill in November 2021. While they had a personal emergency evacuation plan in place, it did not provide adequate detail on what steps to take should they again refuse to leave the house during a fire drill.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Aspects of the individual personal planning process required review so as to ensure information was adequately recorded on the times lines, progression and achievement of some residents goals.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a speech and language therapy, physiotherapy, occupational therapy, optician and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. There was one open safeguarding issue at the time of this inspection however, it had reported and responded to as required and, systems were in place to manage it

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oatfield House OSV-0006699

Inspection ID: MON-0027569

Date of inspection: 09/02/2022

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1.A full review of the staffing arrangements within the designated centre was conducted by the Assistant Director and Person in charge. Completed on 10/02/202. 2.There is a monthly staffing audit completed and escalated to HR informing the staffing requirements of the house to ensure they are maintained in line with statement of purpose . 3.The PIC has availability of a relief panel to fill rostering deficits. 4.There is an ongoing staff recruitment drive in place with the HR department .	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: 1. All future admissions to the centre will be conducted in line with The Talbot Group's Admissions and Transitions policy. 2. Training around the implementation of the policy was carried out on 15/02/2022, with the senior management team and relevant clinicians. Training for additional staff will be completed by 31/03/2022 and beyond as required. 3. This purpose of this training is to ensure all admissions to the centre are in line with the Talbot Group policy on admissions and transitions. This will ensure they are determined by the needs and compatibility of residents in the centre. There is always a person-centred focus on admissions and transitions, but this training aims to enhance this process.	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1,All risk assessments have been reviewed and all control measures updated to ensure safety of the resident .completed 10/02/2022 2.Going forward all risk assessments will have adequately stated all the control measures that are in place. 3.The Person In Charge will review and update all residents' assessments regularly. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1.The Personal Emergency Evacuation Plan has being updated in detail to reflect the measures to be taken if the resident refuses to leave the house during a fire drill. Completed on 10/02/2022 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1.All resident goals and its progress will be reviewed monthly at staff meeting. Completed on 24/02/2022 2.The PIC will provide key workers with guidelines on role of the key worker at the monthly staff meeting in completing individual assessment and planning so as to ensure that goals for service users are SMART and in line with service users wishes. Will be completed by 24/03/2022 	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/02/2022
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	31/03/2022
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take	Substantially Compliant	Yellow	31/03/2022

	account of the need to protect residents from abuse by their peers.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	10/02/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	10/02/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	24/03/2022