



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

Issued by the Chief Inspector

Name of designated centre:	Oaklands House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	22 April 2025
Centre ID:	OSV-0008350
Fieldwork ID:	MON-0038256

About the designated centre

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

Oaklands house provides a residential service for male and female children under the age of 18 years with the exception of a young person completing their final year of secondary education. Oaklands house is located in the countryside and in close driving distance to several local towns and villages. The centre can cater for up to four residents each with their own bedroom, one with an en-suite facility and the rest are shared bathroom facilities. In addition, the centre has two living room areas and has a large garden. Residents are supported by a team of social care leaders, social care workers and direct support workers who are led by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 22 April 2025	09:46hrs to 18:00hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspection findings were positive and improvements were observed since the last two inspections of this centre. The residents were receiving a good standard of care from a staff team who were aware of and ensured their assessed needs were being met.

However, the findings from this inspection identified some improvements were required and they will be discussed in more detail later in the report. They related to:

- records maintained in the centre to ensure they appropriately guided staff to effectively support the residents
- the provision of transport to access education.

The inspector had the opportunity to meet and observe the four residents that were living in the centre at different times of the day. They appeared content and comfortable in the presence of the staff on duty. Some residents, with alternative communication methods, did not share their views with the inspector, and were observed throughout the course of the inspection in their home. One resident smiled when asked if they were happy and if the staff were nice.

The inspector had the opportunity to speak in more depth with another resident. They communicated that they felt safe living in the centre and that if they had any concerns that they would tell a staff member. They felt they were given choice about what they ate and what activities they participated in. They said they liked their bedroom and smiled when the inspector spoke to them about different items they had on display.

The inspector had the opportunity to speak with the four staff on duty and the person in charge. They came across as professional and caring. They demonstrated they were aware of any support requirements for the residents and referred to residents' support plans for when they may require further information.

The provider had arranged for staff to have training in human rights. The staff member spoken with communicated how they had put that training into every day practice. They communicated that they were only new to the area of social care and therefore the importance of the promotion of human rights had been instilled in them from the start. They gave examples of promoting privacy and dignity by knocking on bedrooms before entering. They said they promote choice, for example what a resident may like to wear each day.

The inspector had the opportunity to speak with one family representative in person when they were attending the house visiting their family member. They were satisfied that their family member was receiving a good service. They felt the staff were 'good' and that they 'seemed to know the kids well'. They have observed their

family member to be appropriately dressed and said that they have looked well during visits. They felt that their family member was 'coming around in leaps and bounds'. They felt welcome to visit the house. They communicated that they had observed staff playing board games with their family member when they arrived at a time the staff weren't expecting them. They also commented that they had observed staff ask their family member's permission if they could tidy their bedroom.

As part of this inspection process residents' views were sought through questionnaires provided by the office of The Chief Inspector of Social Services (The Chief Inspector). Feedback from two of the four questionnaires was returned by way of family representatives completing the questionnaires on behalf of the residents. The other two questionnaires were not returned. Feedback from family was positive and the majority of answers were ticked 'yes' when asked about the service and care provided. Some answers were ticked 'could be better' or 'no'; however, from reading the comments made in relation to those answers it appeared that it was more to do with the residents' ability to undertake tasks independently. For example, when asked if the resident could make a call in private both families answered 'no' and commented that their family members would need support to make the calls. One family commented that the 'care staff are great and that they meet their family member's every need'. Both communicated that their family members were given choices about what they ate and what activities they participated in.

The inspector observed the house to be nicely decorated and it was observed to be clean and tidy. The sitting room had a television for use along with games, sensory items, and jigsaws.

Each resident had their own bedroom and they were decorated as per each resident's preference. For example, some bedrooms had colourful wall stickers on the walls. There were personal pictures displayed along with personal items, for example teddies or items related to personal interests. The bedrooms had adequate storage facilities for any personal belongings.

There was an accessible front and back garden. The front garden was mainly used for parking. The back garden had a trampoline, a swing, and some other play items for residents to use.

At the time of this inspection there were no visiting restrictions in place apart from a visiting protocol for one family in order to ensure family visits were a positive experience for the resident. The person in charge confirmed there were no volunteers used in the centre. At the time of this inspection there were no vacancies and no recent admissions.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was announced and was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in January 2024. From a sample of the actions from the last inspection, the inspector observed that they were completed by the time of this inspection. For instance, at the last inspection there were areas observed that had required further cleaning and more attention to detail in the main bathroom and on this inspection those areas were observed to be clean.

Since the previous inspection of this centre, the Chief Inspector has received a number of unsolicited receipts of information that were of concern. They related to the areas of safeguarding, rights, communication, general welfare and development, staffing, food and nutrition, and governance and management. Those concerns were reviewed as part of this inspection and it was found that they could not be substantiated on this inspection.

The findings of this inspection indicated that the provider had the capacity to operate the service within substantial compliance with the 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). The provider and the person in charge were operating the service in a safe manner which ensured the delivery of care was meeting the residents' needs and the centre was adequately insured against risks to residents.

Some improvement was required with regard how the records in the centre were maintained. For example, the annual review of the service did not describe what period was reviewed.

The inspector reviewed the provider's governance and management arrangements and found that there were appropriate systems in place in order to ensure the quality and safety of the service. For example, there were local audits scheduled for completion each month in order to assure the provider that the governance arrangements were adequate. The inspector also found that any complaints made were observed to be adequately reviewed and responded to. Additionally, the provider had prepared a statement of purpose and function for the centre and it was available for review.

The inspector found that there were suitable staffing arrangements in place to meet the assessed needs of the residents. This is excluding the issues identified with regard to having staff who were able to facilitate transport and this is being actioned under Regulation 9: Residents' rights. From a review of a sample of rosters across three months, staffing levels had never went below the safe minimum staffing ratio that the provider had determined was necessary to safely support the residents. Staff were found to be in receipt of a suite of training in order to effectively support the residents, for example medication management.

Registration Regulation 5: Application for registration or renewal of registration

As required by the registration regulations the provider had submitted an application to renew the registration of the centre along with the required prescribed documents. This supported the office of the Chief Inspector to review the provider's application in a timely manner to facilitate the process of re-registration of the centre. This would mean that there would be no disruption for the residents' living situation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and had the necessary experience and qualifications to fulfil the role. For example, they held a qualification in managing people. They demonstrated a good understanding of the residents and their needs, such as what healthcare needs each resident required support with.

They were also found to be aware of their legal remit to the regulations and were responsive to the inspection process. For example, they were aware that it was their responsibility to ensure the reporting of any adverse incidents that occurred to the Chief Inspector.

The person in charge was responsible for two designated centres. The inspector found that they were actively involved and participated in the operational management of the centre. For instance, they attended the centre on average three times per week in order to provide oversight, provide informal supervision for staff, and ensure oversight of a monthly schedule of audits.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff available, with the required skills to meet the assessed needs of residents. Nursing care was available to residents as required, as outlined in the statement of purpose.

As previously mentioned, the staff on duty on the day of the inspection were observed to be caring and respectful towards the residents.

The inspector reviewed a sample of rosters over a three month period from

February to April 2025. The review demonstrated that there were planned and actual rosters maintained, and arrangements in place to cover staff leave whilst ensuring continuity of care for residents. Rosters contained the full names and job titles of the staff working in the centre.

Staff personnel files were not reviewed at this inspection. However, the inspector reviewed a sample of three staff members' Garda Síochána (police) vetting (GV) certificates. All three were completed within the last three years which demonstrated that the provider had arrangements for safe recruitment practices that was in line with best practice.

Judgment: Compliant

Regulation 16: Training and staff development

There were suitable arrangements in place to support training and staff development. The inspector reviewed the training oversight matrix for training completed. Additionally, the inspector reviewed a sample of the certification for 11 training courses for all staff and a sample of one staff who worked in the centre on a relief basis. Those reviews demonstrated to the inspector that staff received a suite of training in order for them to carry out their roles safely and effectively.

Examples of the training staff had completed included:

- safeguarding vulnerable adults
- dysphagia
- medication management
- epilepsy awareness
- positive behavioural supports
- Autism awareness
- assisted decision making
- percutaneous endoscopic gastrostomy (PEG)
- fire safety which included an online course and a practical in person course.

Staff had received additional training to support residents. For example, staff had received training in human rights. Further details on this have been included in 'what residents told us and what inspectors observed' section of the report.

The inspector also reviewed the supervision files for two staff members. From that review, it was found that there were formalised supervision arrangements in place as per the organisation's supervision guidance document.

Judgment: Compliant

Regulation 21: Records

The inspector found that the majority of the required records were maintained and available for inspection including records of staff meetings and supervision. There was a residents' guide available for residents, as well as a statement of purpose.

Improvements were required in some areas. For example, one residents' behaviour support plan didn't fully match with their PRN guiding protocol for a medication to be administered when needed, for when the resident was experiencing behaviours of distress. In addition, while the majority of potential behaviours a resident may display that were listed in behaviour support plans had a guidance section for staff response, some were observed not to have guidance on the response to be taken. These areas had the potential that staff may not be consistent in their approach when supporting residents.

While there was information on how residents communicate and it was available to guide staff, staff would have to look to a number of different sources to gather a complete picture. Therefore this had the potential for staff to miss pertinent information. Due to the fact the staff team knew the residents well and were supporting them as per their assessed needs, the identified issues found on this inspection were not negatively impacting on the resident.

Additionally, it was not evident from the annual review what period it the review covered and therefore the inspector was unable to determine if it covered a full 12 month period. Furthermore, the servicing records for majority of residents' equipment used to support them was not available for review by the inspector. The person in charge verbally confirmed they were all serviced within the last few months.

Judgment: Substantially compliant

Regulation 22: Insurance

As per the requirements of the regulations, the provider had ensured that the centre was adequately insured against risks to residents and evidence of the insurance was submitted to the Chief Inspector.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate governance and management

systems in place at the time of this inspection.

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by the person in charge supported by team leaders. One staff spoken with was clear on the reporting structure if required.

Management systems ensured that the service provided was safe, consistent and that it was appropriately monitored. For instance, there were arrangements for annual reviews and six-monthly unannounced provider led visit reports as per the requirements of the regulations. The inspector reviewed the annual review, which included family consultation, and the last two six-monthly unannounced provider led visit reports. When necessary, the provider identified areas needing improvement and took steps to address them. From a sample of three of the actions from the most recent report, the inspector found they had been completed by the time of this inspection.

In addition, there were local audits completed and the inspector reviews the audits from January to March 2025 and all actions had been completed by the time of this inspection. Audits included:

- food safety
- finances and possessions
- health and safety
- restrictive practices
- care plans
- monthly governance reports completed by the assistant director.

The inspector observed from a review of the records of the minutes of four team meetings, from December to March 2025, that they were occurring monthly. The minutes demonstrated that if any incidents were to occur within the centre that they would be reviewed for shared learning with the staff team. Topics at meetings included, a discussion on the residents including their goals, rights, restrictive practices, staffing, and health and safety.

Additionally, from the two staff spoken with they communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was up to date, accurately described the service provided and contained all of the information as required by Schedule 1 of the regulations. For example, it gave an overview of the complaints procedure, and the fire safety precautions that the provider had in place for the

centre. The statement of purpose was available in the centre for review.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy, and associated procedures in place. An accessible version of the policy was available for residents, and a copy of the complaints process was displayed in a prominent position. There was also a designated complaints officer nominated.

The inspector observed any complaints made had been suitably recorded, reviewed and attempts were made to resolve any identified issues. From a review of the complaints log and associated paperwork, the inspector observed that there were seven complaints in 2024 and two in 2025. All but one complaint were closed at the time of this inspection with the complainant informed of each outcome. One complaint was currently being reviewed at the appeals stage by senior management. Some complaints were observed to have been partially upheld and learning taken and implemented. For instance, a new communication system was introduced for information sharing between the centre staff and families that would benefit from enhanced communication sharing methods.

Judgment: Compliant

Quality and safety

Overall, the inspection found that the residents living in this service were supported in line with their assessed needs. However, an aspect of Regulation 9: Rights, required review in relation to access to transport to facilitate travel to education placements.

There were systems in place to facilitate visits to the centre, and to meet residents' assessed needs with regard to healthcare, positive behaviour support, communication, food and nutrition and general welfare and development.

For example:

- they had communication plans in place to promote effective communication
- they had access to different healthcare professionals, such as a general practitioner (GP)
- the residents had access to opportunities for recreation
- they were supported to develop goals, for example encouraging healthy eating by exploring new foods to experience

- they had a positive behaviour support plans in place as required to guide staff as to how best to support them should they be experiencing periods of distress.

There were suitable arrangements in place to ensure they were safeguarded in the centre and in the community. For example, staff were suitably trained to recognise and and escalate any safeguarding concerns.

The inspector observed the premises to be clean and tidy which in turn facilitated in the arrangements for good infection prevention and control (IPC). There were adequate arrangements in place to meet the requirements of the risk management regulation. For example, there was a risk management policy in place. There were suitable fire safety management systems in place. For example, there were detection and alert systems in place. Additionally, there was a residents' guide present in the centre as per the requirements of the regulations.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences. From a review of three residents' files they had documented communication needs which had been assessed by relevant professionals. For example, a speech and language therapist had made recommendations to support each resident's communication. The recommendations were included in their communication plans in order to appropriately guide staff as to how best to support effective communication. Residents also had a communication passport to guide the reader as to their likes and dislikes and how they might communicate. For example, one resident used objects of reference to communicate what they wanted, such as getting their shoes when they want to go outside.

Additionally, other guiding documents included information on how best to communicate with the residents or how they may communicate. For instance, from the three residents' personal emergency evacuation plans (PEEPs) reviewed they included information on communicating with the residents. The behaviour specialist also included information in the behaviour support plans for those that required them.

Staff were found to be recently trained in manual sign language. In addition, there were visuals available in the centre to aid residents' understanding and promote choice of their daily routine, such as pictures of activity choices.

Some guiding information was contained across several places and while this could potentially mean staff may not be aware of all applicable information, this is being actioned under Regulation 21: Records.

One family representative commented in the questionnaire, provided by the Chief Inspector, that their family member was 'learning to make choices with visuals and

that it was new to them'
Judgment: Compliant
Regulation 11: Visits
<p>The person in charge was ensuring that, as far as reasonably practicable, that residents were free to receive visitors without restriction. There were visiting guidelines in place that supported and prepared one resident to have family visits in order for the visits to be a positive experience for the resident.</p> <p>Visits were facilitated and different communal and private areas for entertaining visitors were available depending on residents' preferences.</p> <p>From speaking with one family representative they confirmed that they were always made welcome to visit.</p>
Judgment: Compliant
Regulation 13: General welfare and development
<p>The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents engaged in activities in their home and community and were supported to maintain relationships with family.</p> <p>Residents were supported to set and achieve personal goals in order to enhance their quality of life. For example, from a review of a sample across the four residents' goals they were undertaking goals related to life skills, independence, and also community integration. This included, one resident learning to feed themselves and another resident was undertaking a toileting programme. The inspector saw evidence of the behaviour specialist's involvement in drawing up guidance to support the resident in this area.</p> <p>From a review of two residents' files over a two week period in April 2025, which included their activity charts and online reports, the inspector observed that residents were being offered a variety of activities. Ranging from relaxation therapy, outdoor gym, basketball, board games, sensory play, going for walks, family visits, water play, and going to the beach. The inspector was made aware that while one resident often chose not to engage in external activities that staff were continuing to offer them choices and encourage them to engage. If the resident continued to decline then their decision was respected.</p>

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. The premises was found to be in a state of good repair. The facilities of Schedule 6 of the regulations were available for residents' use. For example, there was access to cooking and laundry facilities.

Each resident had their own bedroom with sufficient space for their belongings. Bedrooms were observed to be individually decorated to suit the preferences of each person. For instance, they were each painted a different colour, there were personal pictures and items displayed, and in some cases bright wall stickers decorated the walls.

One family representative commented in the questionnaire, provided by the Chief Inspector, that their family member had a "beautiful bedroom with lovely pictures". They also commented that the house was "lovely" and joked that they could live there themselves. Another family representative commented in their questionnaire that their family member's bedroom was a "nice room and was decorated to their family member's "tastes and needs".

Judgment: Compliant

Regulation 18: Food and nutrition

There were arrangements in place that ensured residents were offered and provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences.

Menu plans were completed with residents weekly to ensure that their likes and dislikes were taken into consideration. From a review of a sample of three residents' menu plans, the inspector observed that on occasions some residents chose to decline food on offer at lunchtimes and preferred to have a snack instead. However, they were observed to have eaten a variety of nutritious meals at dinner times.

From a review of a sample of two weeks shopping receipts and from observing what food was present in the house, the inspector observed that a variety of fresh and frozen vegetables, fruit, meat and other food was being purchased. Residents who required full fat foods were catered for as well as residents who required foods lower in fat.

Staff had been provided with specific training, and support plans were in place to guide practice for residents who required modified diets. The advice of appropriate

professionals was seen to be implemented where necessary. For instance, residents who required a modified diet were appropriately reviewed by a speech and language therapist and staff were observed to follow the recommendations of the required diet. Two staff spoken with were familiar as to the manner in which the residents' food and drinks were to be prepared and what consistency was required which was in line with the residents' feeding, eating and drinking plans.

One family representative commented in the questionnaire, provided by the Chief Inspector, that their family member used to not like food and was 'now eating real food and they look healthy'. Another family representative commented in their questionnaire that their family member was "now eating more variety of food including fruit and vegetables".

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations. For example, it gave a summary of the services and facilities provided, such as what different professionals would be available to support them if required and whether there would be a cost for that service. This supported the residents and their families to have an overview of the service and what supports they would be provided and how they would be consulted in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

From observation and a review of information, the inspector found that there were adequate systems in place to manage risk.

There were centre specific and individual risk assessments on file with control measures in place to mitigate identified risks so as to support residents' overall safety and wellbeing. For example, in order to support one resident's anxiety levels visitors were being asked to provide notice of their intended visit in order for staff to mentally prepare the resident.

As part of the standing agenda items for staff meetings, whenever an incident might occur they would be discussed with the staff for shared learning.

On review of other arrangements in place to meet the requirements of this regulation the inspector found the provider had in place:

- a risk management policy last reviewed February 2023
- a centre specific safety statement that was last reviewed in March 2025
- there was also a risk register in place documenting the main risks in the centre
- the centre's boiler was observed to last be serviced September 2024 to order to ensure it was safe for use.

One of the centre's cars was found to be booked in for a service in May 25, it had a national car test (NCT) in date until September 2025, and it was observed to be taxed and insured. This would facilitate that the car was road worthy and safe for use by the resident.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre on an ongoing basis. The centre was maintained in a clean condition throughout. Hand washing facilities with hand wash and disposable towels for drying were available for use which would facilitate good hand hygiene practices.

Staff had received relevant training. For example, from a review of the entire staff teams certificates for two IPC trainings, staff had received training in hand hygiene, and standard and transmission based precautions in order to help prevent or minimise the occurrence of a healthcare associated infection.

From a review of the cleaning roster for March 2025, it demonstrated that daily cleaning was taking place in the centre which included cleaning of residents' equipment used to support them. The inspector also observed that there were colour coded mops, cleaning cloths and chopping boards in use and signage on how to use them was displayed to guide staff. These measures further helped to prevent or minimise the occurrence of healthcare associated infections within the centre.

The inspector found that there was personal protective equipment (PPE) available for use in the centre, for instance gloves, masks, and gowns. The inspector observed from a review of the March 2025 team meeting minutes that staff were reminded not use their PPE gloves for more than one task. This had come up as an action at the last inspection of this centre.

By way of reviewing an action from the last inspection, the inspector reviewed a sample of two mattresses and pillows and found they had protectors on them. This would support the mattresses and pillows to be more hygienically maintained.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced. Staff had received training in fire safety both online and in person.

From a review of three residents' PEEPs it demonstrated to the inspector that there were detailed fire evacuation plans in place for residents in order to guide staff as to evacuation supports required in the event of an emergency. Periodic fire drills were completed in order to assure the provider that residents could be safely evacuated from the building at all times. From a review of the last four drill records, the inspector found that alternative doors were being used for evacuation as part of the practice drills in order to assure the provider that residents could be evacuated from all areas of the building if required.

There were fire containment doors in place where required and they were fitted with self-closing devices. From a sample of fire containment doors tested the majority closed as required. A set of double doors and one of the utility room doors would not close fully and the double doors were also observed to have had too large of a gap between the doors. They would mean in the event of a fire that the doors could not effectively prevent the spread of smoke or fire. The person in charge arranged for the doors to be fixed on the day of the inspection with evidence shown to the inspector.

Judgment: Compliant

Regulation 6: Health care

A review of two residents' healthcare information demonstrated to the inspector that residents' healthcare needs were well assessed, and appropriate healthcare was made available to each resident. For example, residents had access to a GP and a wide range of allied healthcare services. They included, a nurse, chiropodist, physiotherapist, neurologist, audiologist, and a dentist.

There were clear personal plans in place for any identified healthcare need, and these incorporated recommendations of specialists where applicable. Healthcare plans were found to be guiding delivery of responsive healthcare support. The inspector observed healthcare plans to support across a range of areas, such as constipation, epilepsy, asthma, and PEG.

Two staff members spoken with were familiar as to healthcare supports residents required. For example, one staff member was able to describe in detail the PEG care plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and where required had access to the support of allied health professionals. From a review of two residents' files, this demonstrated to the inspector that where required, residents had a positive behavioural support plan in place which was reviewed by a behaviour specialist. They were found to have been reviewed within the last year to ensure accuracy of the information provided to staff. This in turn ensured that the residents were receiving up-to-date appropriate supports.

Behaviour Support plans were found to outline strategies that staff needed to follow to support the residents in times of distress.

For example:

- they contained a list of potential behaviours that may be seen
- triggers that may lead to the behaviours
- function of the behaviour
- proactive responses staff could engage in with the resident
- responses to when the resident is becoming anxious
- responses to when the resident is in distress
- what it may look like and the response to be taken to when the resident is returning to baseline.

One family representative commented in the questionnaire, provided by the Chief Inspector, that their family member was 'presenting a lot calmer and could deal with people and situations a lot better.' That they had 'a good routine which had led to less agitation, and that they were much safer overall and presented as so much happier since moving to Oaklands'.

Restrictive practices were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 8: Protection

There were suitable arrangements in place to protect the resident from the risk of abuse. For example:

- there was an organisational child protection policy in place which was last reviewed October 2024
- staff had received children first safeguarding training

- there was a child protection statement displayed in the hall
- there was a reporting system in place with a designated liaison person (DLP) nominated for the organisation
- a staff spoken with was able to identify who the DLP was to the inspector, and the identity of the DLP was displayed in the hall.

It was found that concerns or allegations of potential abuse were investigated, reported to relevant agencies, and to determine if any learning arose from the incident that could be adopted by staff.

A staff member spoken with was familiar with the steps to take should a safeguarding concern arise including a witnessed peer to peer incident or an unwitnessed disclosure.

From a review of three residents' files, the inspector observed that there were intimate care plans in place to guide staff as to supports they required.

The above arrangements and systems would facilitate a culture of safeguarding in order to appropriately protect the residents from the risk of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that improvements were required to meet the children's right to education.

One family representative commented in the questionnaire, provided by the Chief Inspector, that the provider had 'advocated for a school placement to meet education needs'. The inspector found that at the time of this inspection all residents were in receipt of a school placement.

However, since February 2025, the centre had a lack of staff drivers that had impacted on residents' ability to go to school on some occasions between February and March 2025. From a review of information, speaking with a staff member, the person in charge and the assistant director, the inspector found that the residents could not attend school in total on 13 occasions between them.

The provider had arranged for a temporary, when needed, driver and there had been no occasions within the month of April that the children couldn't attend school. The person in charge and assistant director had escalated this matter on a few occasions. However, the inspector was not assured that the measures in place at the time of the inspection were a permanent solution in order to solve the issue. The assistant director again escalated the situation on the day of the inspection and the provider representative agreed in writing that an advertisement would be posted to recruit a driver for the centre. Post inspection assurances were submitted by the provider representative as to how the provider intends to ensure the children would

not miss any further school days while awaiting the recruitment of the driver. This included restructuring of the rosters across other sections of the organisation in order to provide drivers to this centre when required.

No other aspect of this regulation was reviewed on this inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Oaklands House OSV-0008350

Inspection ID: MON-0038256

Date of inspection: 22/04/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Person in Charge (PIC) in conjunction with Behavioural Specialist and Community Nurse to complete a review of Residents' Behavioural Support Plans and PRN protocols to ensure documentation triangulates and guidance for Team Members is consistent. Due Date: 17 June 2025</p> <p>The Person in Charge (PIC) in conjunction with Behavioural Specialist to complete a review of Residents' Behavioural Support Plans to ensure information is up to date and reflective of Residents' current guidance. Due Date: 17 June 2025</p> <p>The Person in Charge (PIC) to complete a full review of communication passports for all Residents to ensure they contain all information related to their communication needs. Due Date: 17 June 2025</p> <p>The Person in Charge (PIC) to communicate updated plans to Team Members through a Team Meeting. Due Date: 27 June 2025</p> <p>Director of Operations (DOO) to add a section to the Annual Review to identify the start date of the period of review. Due Date: 20 June 2025</p> <p>Person in Charge (PIC) to ensure all the logs of maintenance of equipment is maintained and available on site. Assistant Director of Services to monitor Due Date: 17 June 2025</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Assistant Director of Service (ADOS) to link with Head of People and Training to complete a review of the upcoming pipeline of the Centre. A focus within the recruitment to be on drivers for the Centre.</p> <p>Due Date: 6th May 2025 Completed</p> <p>A pipeline was developed for the Centre including three (3) additional drivers. New Team members to be inducted to the organization and Centre.</p> <p>Due Date: 30th June 2025</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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	27/06/2025
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	30/06/2025