



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

Issued by the Chief Inspector

Name of designated centre:	Oak Tree Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	04 November 2024
Centre ID:	OSV-0008769
Fieldwork ID:	MON-0043783

About the designated centre

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

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
Monday 4 November 2024	10:05hrs to 15:45hrs	Marie Byrne	Lead
Monday 4 November 2024	10:05hrs to 15:45hrs	Sarah Cronin	Support

What residents told us and what inspectors observed

From what residents told inspectors and based on what they observed, it was clear that residents were supported to enjoy a good quality of care in this centre. This inspection was carried out to monitor the quality of the service provided for residents and the levels of compliance with regulations and national standards. The findings of this inspection were positive, with all of the regulations reviewed found to be compliant.

Oak Tree Lodge is a designated centre based in a rural setting in County Kildare. The centre comprises one house, which is divided into four single-occupancy apartments and a large shared area with communal and private spaces. It has six registered beds, and residential care is provided for residents over the age of 18 with an intellectual disability and high-support needs. At the time of the inspection, there were five residents living in the centre.

Each of the four apartments has a bedroom, a living area with a small kitchenette, and a bathroom. The bedrooms in the main part of the house have en suite bathrooms. The main house has a sitting room and a large kitchen come dining room. There is also a large bathroom and a smaller toilet. There is a large secure back garden with equipment in line with residents' interests and a large decking area with a seating area and barbeque. Pictures and soft furnishings contributed to how homely the house and apartments appeared. Residents' apartments and bedrooms were decorated in line with their wishes and preferences. Residents were involved in picking paint colours and deciding how much furniture and soft furnishings they had. Some residents' apartments were colourful and filled with their belongings, pictures, and soft furnishings. Other apartments had fewer pictures, furniture and soft furnishings in line with their sensory preferences. Each staff who spoke with inspectors described the positive impact of individual living for some residents and the availability of shared spaces for others. They spoke about how a number of risks had reduced for residents. This was also reflected in the provider's six-monthly review, which commented on the reduction of risk and the benefits of the environment being designed, laid out and furnished to meet residents' needs and preferences.

The inspectors of social services had an opportunity to meet four residents over the course of the inspection. One resident was at day services followed by a shopping trip with staff so inspectors did not have an opportunity to meet them. They also met and spoke with the person in charge, team leader, five staff members, and the director of services.

Residents had a variety of communication support needs and used speech, vocalisations, gestures, facial expressions, Lámh and body language to communicate. Throughout the inspection, staff were observed to be very familiar with residents' communication styles and preferences. Some residents told inspectors what it was like to live in the centre, and inspectors used observations,

discussions with staff and a review of documentation to capture the lived experience of other residents.

There was a warm, friendly and welcoming atmosphere in the house. Inspectors had an opportunity to sit and spend time having a cup of tea and chatting with two residents and four staff before they went for a trip to the seaside. Staff were observed to spend time listening to residents. Warm, kind, and caring interactions were observed between residents and staff. Residents were observed laughing and smiling when interacting with staff and to seek them out if they required their support. They were also observed moving around their home to spend time in their preferred spaces. Residents were choosing to either spend time in the shared area or their bedroom or apartment.

Residents were engaging in a number of activities both at home and in their local community. Two residents were attending day services, and three residents were supported by staff to engage in activities they enjoyed in their home and their community. Examples of home-based activities they were enjoying included spending time in the garden on the swings and trampoline, using their tablet computers, watching television, taking part in the upkeep of their home, and preparing meals and snacks with staff support. Examples of community-based activities included, swimming, going to local parks, going out for meals and snacks, Special Olympics training and events, shopping, athletics, and bowling. Residents were accessing local barbers and hairdressers and using local facilities such as the gym and spa in a local hotel.

Inspectors found that the staff team were focused on implementing a human-rights based approach to care and support for residents in this centre. Residents were being supported to make choices around how and where they wished to spend their time, how involved they wished to be in the upkeep of their home, and what and when they would like to eat and drink. They were supported to buy, prepare and cook or bake if they wished to. Menu planning was discussed at residents' meetings, and there were a number of vehicles to support residents to go food shopping if they wished to. Inspectors observed staff respect residents' privacy by knocking on their apartment or bedroom doors before entering. Staff who spoke with inspectors discussed residents' strengths, talents and goals. They described how important it was to them that residents were happy, safe and engaging in activities they find meaningful.

Residents were supported to contact or visit the important people in their lives. They had access to phones and tablet computers to contact them. They had opportunities to visit or be visited by their family and friends and there were a number of areas where they could spend time together in the centre.

Picture rosters were on display in the houses and there were easy-to-read documents including social stories available about areas such as safeguarding, complaints, resident' rights, how to access advocacy services and the confidential recipient, fire evacuation plans, and infection prevention and control (IPC).

The inspector found that the registered provider had captured the opinions of

residents and their representatives on the quality and safety of care and support in the centre in their six-monthly review. The feedback in this review from residents and their representatives was positive towards the premises, residents' access to activities, the focus on life skills development in the centre, communication and staffing supports. Residents' representatives spoke about the supports in place for their relative to transition to the centre, information sharing and open communication with the staff team, and the positive impact of continuity of care and support provided by a core staff team. Inspectors also reviewed three family surveys for 2024, which were also complimentary towards residents' home, their care and support, their access to activities, visiting arrangements and access to transport.

In summary, residents were busy and had things to look forward to. They lived in a warm, clean and comfortable home. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required and implementing the required actions to bring about these improvements.

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

Capacity and capability

This short-announced inspection was completed to monitor regulatory compliance. It was the first inspection in this designated centre, which began operating in May 2024. As outlined in the opening section of the report, the findings of this inspection were that residents were in receipt of a good quality of care and support. In line with the findings of this inspection, the provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge was also managing another designated centre a short distance away. They shared their time between the two centres and were supported by a team leader. They reported to and received support from the director of services. There was an on-call service available to residents and staff out-of-hours.

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with staff, inspectors found that the provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection. The first six-monthly review had been completed just before the inspection. It was comprehensive in nature and had identified areas of good practice

and some actions to further enhance the premises and documentation in the centre. The provider's policies, procedures and guidelines were readily available in the centre to guide staff practice.

The centre was fully staffed in line with the statement of purpose. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Regulation 14: Persons in charge

Inspectors reviewed the Schedule 2 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were full-time and also identified as person in charge of another designated centre close to this one. During the inspection, inspectors reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required in this centre.

The residents were observed to be very familiar with them and appeared very comfortable and content in their presence. Staff members who spoke with the inspector were also complimentary towards the support they provided to them.

Judgment: Compliant

Regulation 15: Staffing

A sample of Schedule 2 information for two staff was reviewed during the inspection and was found to contain the required information.

There were enough staff to meet the assessed needs of residents. The centre was fully staffed in line with the statement of purpose at the time of the inspection. Inspectors reviewed planned and actual rosters from August to November 2024 and found that they were up-to-date and well maintained. Staff were doing additional hours or swapping shifts to ensure all the required shifts were covered, and this was positively impacting continuity of care and support for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that staff had the training, knowledge and skills appropriate to their roles. They received support and supervision to ensure good practice in the centre.

Inspectors reviewed the staff training matrix and a sample of 12 certificates of training and found that each staff member had completed training listed as mandatory in the provider's policy, including fire safety, safeguarding, manual handling, and infection prevention and control (IPC). Staff had also completed additional trainings in line with residents' assessed needs, such as the administration of rescue medicines, food safety, and autism awareness. They had also completed training on the fundamentals of advocacy and a human-rights based approach in health and social care. Inspectors spoke with the person in charge and team leader who spoke about how the team were very focused on ensuring each resident had their rights respected. They spoke about the team's focus on ensuring residents were making choices and decisions and developing and achieving their goals. They also spoke about how the staff team understood the importance of structured plans for some residents, the importance of offering many choices to some residents versus the need to offer two choices to some residents as they may find too many options overwhelming. Four staff spoke with inspectors about the importance for residents of offering choice, supporting them to make informed decisions, residents' preferences and fostering and encouraging their independence.

Inspectors reviewed supervision records for four staff. Formal supervision was being completed approximately every eight weeks. Discussions were held in relation to areas such as staff strengths, areas for further development, their roles and responsibilities, training and development, safeguarding, risk management, and fire safety.

Regular staff meetings took place, and inspectors reviewed the minutes of 10 meetings held in 2024. There was a set agenda in place, which included areas such as, residents' care and support, residents' rights, health and safety, training and supervision, risk and learning from incidents. Five staff who spoke with inspectors stated they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of the centre or residents' care and support. They spoke about the provider's on-call system and the availability of the person in charge or team leader in person and on the phone.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the management structure was in line with the statement of purpose. From a review of documentation and discussions with staff, there were clearly identified lines of authority and accountability amongst the team. This meant that all staff were aware of their roles and responsibilities to deliver a safe and good

quality service.

The person in charge was a service manager and they were supported by a full-time team leader. They were present in the centre regularly and demonstrated good monitoring and oversight of the centre. For example, they were following up on of the actions from audits and reviews that were being completed in the centre. Inspectors reviewed a sample of 21 area-specific audits completed in 2024. These audits were in areas such as the environment, IPC, medicines management, and residents' finances and support plans. The actions from these were tracked and completed and leading to improvements in the environment and the oversight of procedures and documentation in the centre.

As this centre was operating since May 2024, there had been one six-monthly review in line with regulatory requirements. Plans were in place to complete an annual review. The latest six-monthly was detailed in nature and capturing residents' lived experience in the centre. It focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required. There were clearly identified time frames and systems in place to log and track the actions.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors carried out a review of the records and reports of incidents in the centre and found that, where required, notifications were submitted to the Chief Inspector within the time frames specified in the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Inspectors reviewed the provider's policies which are required under Schedule 5 of the regulations. They found that the provider had all of the required policies in place, and that they were reviewed in line with the regulations. These were accessible to staff in the centre both in hard and soft copy.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents had opportunities to take part in activities and to be part of their local community. They were making decisions about how they wished to spend their time and supported to develop and maintain friendships and relationships with the important people in their lives. They lived in a warm, clean and comfortable home.

Inspectors reviewed residents' assessments and personal plans and found that these documents positively described their needs, likes, dislikes and preferences. Residents were accessing health and social care professionals in line with their assessed needs. Residents who required the support of a behaviour specialist were accessing their support. Behaviour support plans were developed, and reviewed, as required.

Residents, staff and visitors were protected by the fire safety and risk management policies, procedures and practices in the centre. There was a system for responding to emergencies. The provider had good systems in place to manage and review risks. There was a system for reporting and responding to adverse events, and in ensuring that learning from these events was shared with the team.

Staff had completed safeguarding training and five staff who spoke with the inspector were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required.

Residents' general welfare and development were supported. They were engaging in a wide range of meaningful activities each week in line with their preferences. Residents' rights were promoted and upheld in a number of areas across the centre, and these are discussed further under Regulation 9: Residents' Rights.

Regulation 11: Visits

Inspectors found that visiting arrangements were detailed in the provider's visiting policy, the statement of purpose and the residents' guide. These were available and reviewed in the designated centre during the inspection. They detailed how visits were facilitated unless it posed a risk or if a resident did not wish to receive visitors.

Through a review of documentation and discussions with staff, it was clear that residents were being supported to visit and be visited by the important people in their lives. Residents were phoning, video calling, visiting or being visited by their families. One resident had recently been on a holiday with their family.

Judgment: Compliant

Regulation 13: General welfare and development

Inspectors spoke with residents and staff and reviewed four residents' personal plans, which contained social stories about trips and activities, picture activity planners and their goals. As outlined earlier in the report, it was evident that residents were supported to engage in a range of activities in line with their interests and goals, such as attending day services, swimming, using a local gym and spa, taking part in sports and horse riding. Inspectors saw pictures of residents engaging in their preferred activities. Pictures were on display of residents at parties and other social events. For example, one resident who loves horses got all dressed up and spent a day at the races. The centre had recently hosted a themed party for Halloween, with each resident dressing up as a character from a film.

Judgment: Compliant

Regulation 17: Premises

Inspectors carried out a walk about of the houses in the presence of the person in charge and found the house and apartments to be warm, clean and to have a homely atmosphere. The provider had ensured that the premises and garden areas were designed and laid out to specifically meet the needs of each of the residents.

Each resident had their own bedroom, which was decorated in line with their preferences and they had access to storage for their personal items. They had access to kitchens, dining spaces and a number of communal spaces. There were pictures on the walls, art work on display, and some residents had their personal effects on display. Where there were any areas requiring maintenance, these were identified and there were plans in place to address them.

Judgment: Compliant

Regulation 26: Risk management procedures

Inspectors found that the provider had systems in place for the identification, assessment, management and ongoing review of risk in the centre. Inspectors viewed a sample of risk assessments directly related to three residents and found that these were in line with their assessment of need, and their support plans. Where an adverse incident had occurred, it was evident that additional control measures had been discussed and put in place.

Inspectors viewed the centre's risk register, which contained risk assessments relating to broader risks in the centre related to residents, visitors and staff. From a

review of ten staff meeting minutes, it was seen that where adverse incidents had occurred, learning was shared with staff. Where any behavioural incidents had occurred with a resident, a debrief was noted to have taken place with the person in charge and / or team leader and the resident involved.

From a review of the most recent six-monthly unannounced provider visit, it was evident that the provider was trending incidents and accidents. A health and safety audit had taken place the week prior to the inspection taking place and actions identified had already been completed on the day of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors carried out a walk about of the centre in the company of the team leader and the person in charge. They observed that the centre was equipped with fire doors, emergency lighting, a number of fire exits, smoke alarms and firefighting equipment. A review of the fire folder indicated that regular checks were carried out on all fire equipment in the centre, and that they were serviced by qualified fire professionals.

Inspectors saw that each resident had their own personal emergency evacuation plans in place. Inspectors reviewed a record from six fire drills which had taken place, including night-time. All of these drills indicated that residents and staff had evacuated the building within a reasonable time frame. The provider had a system in place to ensure that drills were documented, and that actions were identified and escalated where it was required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An inspector viewed a sample of three residents' care and support plans. They found that each resident had a comprehensive assessment of need and for each identified need, there was a support plan in place. These included plans on communication, health care, personal and intimate care, day services, medication, finances, assistive technology and emotional support needs. Plans included input from members of the multidisciplinary team which included a speech and language therapist and behaviour therapist.

Inspectors viewed three transition plans and found that these had been reviewed at defined intervals by members of the multidisciplinary team and family members. Support plans were found to have a focus on promoting residents' independence

and their will and preference. For example, plans had 'why I need support', 'what I can do' and 'what I need help with'.

Each resident had a monthly meeting with their key worker to discuss and review goals and progress. Inspectors reviewed the minutes of some of these meetings while carrying out a review of care plans. Minutes were found to be detailed and looked at the residents' goals, their education and development.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors found that residents had access to a behaviour therapist, with some residents also attending a psychiatrist. Inspectors viewed three behaviour support plans and found that the plans had proactive and reactive behaviour support strategies in place. There was an emphasis on skills teaching and where there was a potential need to use a physical hold, this was clear in situations, and defined which level of hold was appropriate. This meant that staff had clear guidance to inform their decision-making in line with best practice and residents' assessed needs. Inspectors viewed easy-to-read information for a resident on understanding their emotions to equip them with skills to regulate their own emotions.

There were a number of restrictive practices in use in the centre related to health and safety such as television protectors, and magnetic keypads at entrances and exits. The person in charge spoke to inspectors about restrictions which had been required in previous placements for the group of residents that were no longer required.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the provider had systems, policies and procedures in place to ensure that residents were protected from abuse. There had been two notifications related to safeguarding incidents which had been submitted to the Office of the Chief Inspector prior to this inspection taking place. Inspectors viewed information and communication between the HSE safeguarding and protection teams (SPT) related to these notifications. This showed that incidents had been reported and that interim safeguarding plans had been agreed with the SPT.

Inspectors viewed a sample of three residents' personal and intimate care plans. These were found to have enough detail to guide staff practices and to ensure that residents' right to privacy and dignity was upheld during these care routines. For

one resident, a social story was in place to promote their independence and respect their right to privacy.

Judgment: Compliant

Regulation 9: Residents' rights

From discussions with residents and staff and a review of personal plans, it was evident that residents' rights to making choices, to exercise independence and freedom, and to access information in a way they could understand were promoted and upheld. It was evident that the residents living in the centre were supported to exercise their rights to choose their routines, to have freedom of movement in their home, to develop connected relationships, and to ensure that their privacy and dignity were protected. For example, inspectors saw residents freely moving around spaces on the day of the inspection in communal areas and their own living spaces. Where a resident had an identified health care need which required monitoring, but requested time alone, this was respected and staff responded to the residents' right to be alone. Another example was where a resident wished to use the internet, staff provided support and education about internet safety. Residents' right to communicate in a way they are understood, and where they receive information in a way they can understand was upheld and promoted. Each resident presented with different communication support needs, and residents had communication passports and support plans in place. For some residents, they had social stories and for others, staff were responsive to them in each moment and recognised their wish not to have visual supports in their living space. Residents' privacy and dignity was maintained through staff practices like knocking on doors and following residents' plans in relation to their wishes. Furthermore, there was evidence of the provider engaging with residents' legal representatives in a proactive manner to ensure that their rights were upheld in relation to making decisions in their lives.

Residents were consulted with, and participated in the running of their home. Residents were actively involved in and making decisions about their care and support and their goals.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant