<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oaklands Supported Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002668</td>
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<tr>
<td>Centre county:</td>
<td>Longford</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>RehabCare</td>
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<tr>
<td>Lead inspector:</td>
<td>Catherine Glynn</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 03 January 2018 09:45
To: 03 January 2018 18:15

The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
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<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
Background to the inspection:
This announced inspection was the fourth inspection of the designated centre carried out by the Health Information And Quality Authority (HIQA). The purpose of the inspection was renewal of registration and to monitor on-going compliance with the regulations and to review actions identified as part of the last inspection.

How we gathered our evidence:
The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, accident and incident records, training records, audits completed and financial records. The residents gave their consent to the inspector to enter their home and review their documentation. The inspector spoke with three staff including of the person in charge and provider representative, three residents and three family members.

Description of the service:
The provider must produce a document called the statement of purpose that explains the service provided. Inspectors found that the service was being provided as it was
described in that document, although some minor amendment to the statement of purpose was required. The designated centre comprised of a two-storey detached house on the outskirts of Longford town. There were three residents living in the designated centre at the time of inspection and there was one vacancy. The centre catered for both male and female residents with a mild intellectual disability. The centre was clean and tidy and well-maintained at the time of inspection. The inspector found that residents had personalised their bedrooms with support from staff. The person in charge spoke about the importance of maintaining and enhancing independence for all residents through education and life skills development.

Overall judgment of findings:
Ten outcomes were inspected against on this inspection. Of the ten outcomes Nine were found to be compliant and one outcome substantially compliant, with regard to safeguarding. The inspector found that the provider and person in charge were fully aware of all safeguarding concerns in the centre and had plans to address and review current plans and care needs for all residents. Compatibility assessments had not been completed at the time of inspection. The inspector found that all actions from the previous inspection report had been addressed with regard to risk management, fire safety and social care needs.

Overall the inspectors found that residents received a good quality service in the centre. Residents were supported to attend day services that reflected their needs and choices. Further detail of outcomes inspected are outlined in the body of report.
Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Each service user was enabled to exercise choice and control over their life in accordance with their preferences and to maximise their independence. The voice of residents and family were reflected in personal plans, records of house meetings and on the day of inspection.

Staff members were seen to treat residents with dignity and respect during the inspection. Relatives provided positive feedback during the inspection.

There was a policy in place that covered resident’s personal possessions. Records were maintained of all their personal longings upon admission. There was adequate storage in each bedroom for clothing and possessions. The inspector reviewed the systems in place to support service users with management of finances. These were clear and transparent arrangements in place. Receipts were maintained and reconciled with expenses incurred. Some residents were independent with their financial management and had support in place when required.

There was a policy on the management of complaints in the centre. An easy-to-read version was prominently displayed in the centre. This included a photograph of the person to whom a complaint should be made. The complaints policy also included an appeals process. The complaints procedure included timescales to acknowledge and resolve matters raised by complainants. The inspector reviewed the complaints log. This documented the nature of complaints, the investigation and the outcome to resolve the issue raised by complainants.
**Judgment:**
Compliant

### Outcome 05: Social Care Needs
*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**
Effective Services

### Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the centre had arrangements in place to meet the assessed needs of each resident. Personal plans included information to guide staff on residents' wishes, preferences and daily routines.

All residents had a personal plan completed which had been reviewed on an annual basis or sooner if required. These plans outlined a detailed assessment of goals and the supports required to achieve these goals. These plans outlined a detailed assessment of goals and the supports required to achieve these goals. Residents' families were also supported to achieve these goals. Residents' families were also supported to attend planning meetings in relation to residents’ goals. where required the plans were provided in picture format for the residents. Examples of goals for residents included holiday trips, life skills, attending sporting events and concerts.

Personal plans also indicated that residents had access to multidisciplinary (MDT) supports, such as general practitioner (GP), dietitian, social work and psychiatry. The inspector found that residents were facilitated to attend these specialist services annually or sooner if required.

Residents had social roles within the local community such as attending work placements, engaging in learning and development and accessing community services. Future goals were also identified in personal plans for residents such as educational activities and maintaining friendships and family contact.

**Judgment:**
Compliant
### Outcome 07: Health and Safety and Risk Management

**The health and safety of residents, visitors and staff is promoted and protected.**

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the centre had robust systems in place so the health and safety of residents, visitors and staff was promoted and protected.

The centre had policies and procedures in place relating to risk management and health and safety. Identification and management of risks, control measures and learning informed part of the risk recording system in place in the centre. All residents had individual risk assessments as part of their personal plans which supported their choices and preferences in relation to maximising and promoting independence.

There were adequate precautions against the risk of fire in the designated centre. Management of fire procedures were on display in the centre. Records of fire drills, testing of equipment and servicing records were all stored in the centre. Evacuation plans were completed for all residents. Drills had occurred and learning was evident from drills completed as per review of fire records. Training records were reviewed and all staff working in the centre had completed fire training at the time of inspection.

There was an emergency plan which provided guidance to staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation. All staff spoken with were informed of these plans. There was a policy in place for infection control.

**Judgment:**
Compliant

### Outcome 08: Safeguarding and Safety

**Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.**

Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre had policy and procedures in place for the prevention and detection of abuse. All staff had received training in the prevention and detection of abuse from review of the training records.

The inspector spoke with staff and found that they were informed and aware of how to manage concerns of abuse and were familiar with the procedures in place. A designated person was clearly identified and accessible for residents and staff should the need arise. The person in charge was found to monitor all systems such as documentation, incidents and notifications to ensure there were no barriers to disclosing concerns of abuse.

The inspector found that there were policies and procedures in place that guided staff and to promote a safe environment. However the designated person had failed to address the compatibility needs for all residents regarding the impact of residents who presented with behaviours that challenge.

The inspector observed that residents were treated with respect and dignity at all times during the inspection. Staff had received training in behaviour management approaches and there was a policy and procedure in place to guide and support staff. The inspector found evidence in personal plans of on-going reviews and multidisciplinary support through psychology and behaviour therapists.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

The inspector reviewed a record of notifications that had been submitted to HIQA which was kept at the centre. This included all notifications submitted under Schedule 4 of the
Regulations.

**Judgment:**
Compliant

### Outcome 11. Healthcare Needs
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
All residents were supported to achieve and enjoy best possible health. A comprehensive assessment of healthcare needs were completed for all residents in their personal plans in line with the organisation's policy and procedure.

All residents had access to a general practitioner (GP) of their choice and were supported to attend when required. Residents' family were kept informed, where requested, of all health checks. Annual health checks were completed for all residents. Referrals to allied health professionals were facilitated through the GP, such as chiropody, psychology and psychiatry. Residents who required dietary intake support were supported by staff and family with this process, as seen in personal plans.

Individualised support plans were in place for all residents' assessed healthcare needs. These plans were clear and provided detailed guidance to direct staff. Access to allied health care services was evident for residents and such services had been provided in a timely manner. Care plans reflected the recommendations made by relevant clinicians, which were maintained by staff on review of daily logs.

Residents were supported to access snacks and drinks of their choice at any time in the centre. Inspectors were informed by residents that they chose their meals at weekly meetings and were involved in the preparation and cooking of meals. The inspectors observed residents and staff engaging in drinks and discussing meal preparation.

**Judgment:**
Compliant

### Outcome 12. Medication Management
*Each resident is protected by the designated centres policies and procedures for medication management.*
**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre had a policy and procedure in place for safe medication management and the inspector found that staff acted in accordance with these procedures. All staff had completed training in medication management at the time of inspection.

The person in charge had ensured that assessment of residents had been completed to facilitate self administration of medication where appropriate. There was safe and suitable storage for all medication in the centre. Systems were in place to guide staff on the ordering, storage and disposal of medication in the centre. The inspector found learning from audits had been implemented by the person in charge in relation to safe storage and disposal of medication in the centre. All residents were supported to access a pharmacist of their choice.

There was a system in place to monitor and review any medication incidents. The person in charge spoke of learning from incidents and outlined strategies to prevent reoccurrence of errors. All residents had medication care plans completed which were reviewed, where required, as part of their personal profiles. The person in charge had completed medication audits and had also reviewed residents' medication care plans.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the statement of purpose described the services provided in the designated centre and met the majority of the requirements of the regulations. However, some required information, such as details of specific therapeutic techniques provided in the centre, staffing numbers expressed as whole-time equivalents and the
facilities provided by the registered provider to meet the care needs of residents, were not clearly presented.

The person in charge reviewed the statement of purpose annually.

**Judgment:**
Substantially Compliant

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**Outcome 14: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found effective management systems were in place that supported and promoted the delivery of safe and quality care. There was a clearly defined management structure that identified the lines of authority and accountability in the centre.

The person in charge had overall responsibility for the centre. They were supported by the provider's representative and a person participating in management. The person in charge was found to have a good knowledge of each residents' needs and of the operational management of the centre. The person in charge held an administrative role and visited the centre on a daily basis and met with residents and staff.

There were management systems in place to ensure the service provided to residents was safe and effectively monitored. The person in charge held regular staff meetings in the centre, where topics specific to the operation of the centre were discussed. Various monthly meetings were also attended by the person in charge, including governance meetings and incidents review meetings.

The annual review of the service and six-monthly unannounced provider visits were occurring within the centre. These reports were available to inspectors during the inspection. Action plans were developed following each visit and review, to demonstrate how the provider planned to address the areas of non-compliance. All actions were found to be completed within agreed timeframes. The provider's representative outlined plans to ensure de-congregation of the centre was completed in line with the organisation's plan.
### Outcome 15: Absence of the person in charge

"The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence."

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The registered provider had made suitable arrangements to provide cover in the absence of the person in charge. Staff were informed and aware of this arrangement.

The provider and person in charge were aware of their legal requirements to inform HIQA of any changes or to give notice of any absence of the person in charge within specified timeframes.

**Judgment:**
Compliant

### Outcome 17: Workforce

"There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice."

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the provider had implemented the required improvements from the previous inspection.
There was a system of supervision in place for staff in the centre. This informed and improved practice. Additional educational and training needs were also being identified for staff to improve the service.

There was an actual and planned staff rota in place. The number and of staff in the centre was sufficient to meet the assessed needs of the residents. Inspectors observed that residents received assistance in a timely and respectful manner. Staff, who spoke with the inspector, spoke fondly of the residents in the centre.

There were no volunteers in place at the centre, on this inspection.

The inspector reviewed staff files and found that they met the requirements of Schedule 2 of the regulations. For example:
Garda vetting was available in all staff files, at the time of inspection.

**Judgment:**
Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Catherine Glynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002668</td>
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<tr>
<td>Date of Inspection:</td>
<td>03 January 2018</td>
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<tr>
<td>Date of response:</td>
<td>22 January 2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The person in charge had failed to ensure that compatibility assessments had been completed for all residents in the centre, at the time of inspection.

1. **Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Compatibility Assessments for all whom currently live in Oakland’s will be completed by the PIC and Behaviour Therapist.

Going forward Compatibility assessment with existing residents will be completed for any new referrals to the service.

**Proposed Timescale:** 30/03/2018

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not meet some of the requirements of Schedule 1 of the regulations.

2. **Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The statement of purpose and function has been updated.

**Proposed Timescale:** 11/01/2018