



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

Name of designated centre:	Oak Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	20 September 2018
Centre ID:	OSV-0004466
Fieldwork ID:	MON-0021886

About the designated centre

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

Oak Services is a respite house which provides a service to both male and female adults over the age of 18. Residents of this service have a mild to moderate learning disability and may have a secondary diagnosis of autism. The respite service is offered to six people who use the facilities on a shared basis on predetermined weekdays and weekends throughout the month. The centre comprises of one large, single-storey house, which is located within walking distance of a medium sized town, where public transport links such as trains, taxis and buses are available. The centre also provides transport for residents to access their local community during stays in the service. Each resident has their own bedroom for the duration of their stay and two medium-sized, shared bathrooms are available for residents to use. The centre has a medium-sized kitchen and a separate sitting room which was comfortably furnished. A social care model of support is offered in this centre and a combination of social care workers and health care assistants work in the centre. One staff member supports up to four residents at any one time during the day and evenings with additional supports hours offered on set days during the week as required.

The following information outlines some additional data on this centre.

Current registration end date:	14/02/2019
Number of residents on the date of inspection:	1

How we inspect

To prepare for this inspection the inspector or 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
20 September 2018	14:00hrs to 19:00hrs	Thelma O'Neill	Lead

Views of people who use the service

There was one resident using the service on the day of inspection and the inspector met the resident on their return from work in the evening. The resident told the inspector that they enjoyed the respite services provided in this centre and that they were supported to make decision about their evening activities and social opportunities while on respite. The resident said they enjoyed going out to concerts and going shopping, and on the evening of the inspectors visit, the resident had arranged to go out to a restaurant for a meal and to go shopping with staff.

The inspector also received two quality assurance questionnaires from two other residents using the service and they were also very complementary of the service and of the staff supporting them. They stated that they were happy with the facilities, arrangements around food and meal times, access to visitors and the level of support provided to ensure their rights and choices were supported and maintained.

Capacity and capability

The provider had the capacity and capability to ensure that a good quality and safe service was provided for residents living at this centre. In addition, the inspector found that the provider had addressed all of the actions from the previous inspection, with the exception of fire safety.

The inspector found the service was subject to ongoing monitoring, review and development. This had resulted in an high standard of care, support and safety being provided to residents who received respite at the centre. Six-monthly provider led audits of the centre's practices were being carried out by the management team and staff carried out regular audits of areas such as; medication management and residents' finances. Records showed that audit findings had been addressed in a timely manner.

The person in charge worked closely with staff and was known to all residents in the centre and was very familiar with their up-to-date care and support needs. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their roles in addition to mandatory training in fire safety, safe moving and handling, safeguarding and positive behaviour support. There was also a range of policies, including all required Schedule five policies, to guide staff in the delivery of a safe and suitable

service to residents.

The management team ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to carry out their roles and responsibilities. They ensured that all staff had undergone vetting as a primary safeguarding measure for ensuring that residents were safe and protected from abuse.

While the provider had taken action to improve fire safety measures in the centre, they had not addressed the action from the last inspection to ensure the centre was resourced to achieve full compliance with the fire regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation, required for the renewal of designated centre's registration, was submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of the person in charge was full time and the person who filled this role had the required qualifications and experience. She was very experienced and knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection staffing levels and skill-mix were sufficient to meet the assessed needs of residents. Planned staffing rosters had been developed by the person in charge, these were updated to show any changes and were accurate at the time of inspection. Furthermore, the provider's recruitment process ensured that all staff documentation required under Schedule two of the regulations had been obtained.

Judgment: Compliant

Regulation 16: Training and staff development

All staff working in the centre had received mandatory training relevant to their roles. There was a training schedule to ensure that training was delivered as required and to ensure staff maintained their professional development.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all of the required information relating to residents who lived, or received services in the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that all records required under schedule 2, 3 and 4 of the regulations were maintained and available for inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that all documents relating to insurance for the centre were made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre. The person in charge worked in the centre and there were systems in place, such as audits, staff supervision, availability of operational policies and management meetings, to ensure that the service was provided in line with residents' needs and as described in the statement of purpose. However, the

provider had failed to ensure they met the fire safety regulations in the centre in relation to the correct location and installation of fire equipment.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the management team.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers supporting this service at the time of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted notifications to the chief inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in this centre. The inspector found all complaints were closed, with clear details of the actions taken to investigate these complaints and details of the measures put in place to rectify the complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

Staff had access to the organisations schedule five policies and procedures as required. These were all found to be date and relevant to the service being delivered in the centre.

Judgment: Compliant

Quality and safety

The inspector found the provider had measures in place to ensure there were robust quality and safety procedures in place in this centre. The inspector reviewed all of the actions from the previous inspection and found they were complete with the exception of fire risks.

The inspector found the policies and procedures in place in this centre had ensured that residents' well-being was promoted at all times and that they received a good quality service. Residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choice while receiving a respite service in this centre.

The management team had taken measures to safeguard residents from being harmed or from suffering abuse. There was a policy and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect.

House meetings were held in the centre each week for the people on respite and this provided residents with the opportunity to express their views and preferences. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis and this was evident from discussions observed during the inspection.

Personal planning arrangements ensured that each residents' needs were subject to regular reviews both annually and more frequently if required. Recommendations from annual reviews and multi-disciplinary supports were included in residents' personal plans to ensure a consistent approach to supporting their needs. Residents' personal plans were also formulated in an accessible version to increase residents' knowledge and understanding of their own goals for the coming year. The personal planning process ensured that supports were in place to ensure that these were met.

While most residents' medical needs were attended to from their home, the provider had ensured that residents had access to medical services when in respite if they became unwell. All residents had access to allied health professionals including their general practitioner, plans of care for good health were developed for residents which identified their specific care needs.

There were safe medication management processes in place. Suitable storage practices were in place and medication was locked in a secure press. Medication administration and recording systems provided sufficient detail to guide practice and reflected staff knowledge, as demonstrated to the inspector. All residents had a self-assessments completed to ensure they were supported with their medications as required.

The inspector found that the provider had not satisfactory addressed the actions from previous inspections relating to fire safety management. The provider had not ensured that effective measures were in place to fully protect residents and staff from the risk of fire , by failing to install fire doors and upgrade the fire panel as required. Despite, these omissions, there were robust procedures in place for the management of existing fire safety equipment and fire safety training for staff in the in the centre.

Regulation 10: Communication

All residents had access to the required communication aids including television, radio, and tablet devices as required.

Judgment: Compliant

Regulation 12: Personal possessions

Residents attending respite services were supported to retain control of their personal property and possessions. Records were maintained of all residents personal possessions, including their finances.

Judgment: Compliant

Regulation 17: Premises

This centre was a single dwelling with five bedrooms and met the aims and objects of service and the number and needs of the residents. Since the last inspection, the front and side driveway of the premises had been resurfaced, which enhanced the safety and exterior of the building.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to buy, prepare and cook their own meals or they agreed where they would like to go out to eat in the evenings.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide which outlined the services provided and facilities provided in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy and procedures in place to manage risks in the centre. There were arrangements in place to identify, manage and escalate risks and respond appropriately to accidents and incidents in the centre. There was no significant risks identified in the centre other than fire risks. These risks had been identified, risk rated and escalated as per organisation policy.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had arrangements in place to ensure fire safety procedures were maintained in the centre. Staff were aware of fire evacuation procedures and had demonstrated that residents could be evacuated in the event of a fire occurring and that a clear escape route was maintained. However, the provider had identified in a fire risk assessment that the fire alarm system required upgrading and the fire panel required repositioning from the kitchen to the hallway. The person in charge gave assurances that arrangements were in place for this to occur shortly after the inspection. In addition, there were no fire doors on the bedroom or communal rooms except the kitchen and this posed a risk to residents as smoke and fire could spread throughout the premises, impacting on the escape route in the event of a fire. This was a risk identified on previous inspection, but has not been fully addressed. Since the last inspection, the provider has ensured that emergency

lighting was in good working order and that a self closure unit was installed on the kitchen door.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre and staff who administered medication received training in safe administration of medication. Since the last inspection, residents had been assessed to self-medicate which supported their independence in this area of their lives.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Personal planning meetings, which included the resident or their representatives, were held annually. Residents' personal goals were agreed at these meetings and short-term goals were developed at regular intervals. These were made available to residents in a user friendly format where required.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were no behaviours of concern reported in this centre. All staff had attended

training in relation to the positive behaviour support.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to guide staff and ensure that all residents were safe from harm. All staff had received training in safeguarding and the management team were very clear about what constituted abuse and how to respond to all concerns. There was no safeguarding concerns reported in this centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oak Services OSV-0004466

Inspection ID: MON-0021886

Date of inspection: 20/09/2018

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Fire panel have been upgraded and re-located to the front hall as per the Fire Consultants report. This work was completed by 30/09/2018 as agreed on the day of inspection. 	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. The Fire panel have been upgraded and re-located to the front hall as per the Fire Consultants report. This work was completed by 30/09/2018 as agreed on the day of inspection. 2. Application will be made to our External Funders to secure funding to install fire doors along the escape corridor of this house in line with Fire Regulations in Community Dwelling. On receipt of funding these doors will be installed. 	

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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/09/2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	1. 30/09/2018 2. 31/03/2019