



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

Issued by the Chief Inspector

Name of designated centre:	Oakwood
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	07 January 2020
Centre ID:	OSV-0005770
Fieldwork ID:	MON-0025179

About the designated centre

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

Oakwood consists of a detached two storey house located close to a village. The centre provides 24 hour, 7 days a week rehabilitation/residential services and support for up to four residents with an acquired brain injury, over the age of 18 years, both male and female. Support to residents is provided by a staff team consisting of the person in charge, a team leader and rehabilitation assistants.

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 - 2015 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 7 January 2020	09:00hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

The inspector met with all four residents who live in this centre over the course of the day. Individuals were seen either spending time together, one on one with staff or on their own during the day. Staff were seen to be respectful and aware of when an individual may like company or may prefer time alone. Residents were heard to support each other and reported to the inspector positive achievements for themselves or their peers.

One resident who loves art had their own corner set up in one of the sitting rooms where they could enjoy their hobby and leave items out to dry or on display. They told the inspector about previous exhibitions they had been involved in and how they had support once a week from a local artist and teacher. The teacher attended the house on the day of inspection and the inspector was invited to observe the resident using stencils and creating an artwork based on a Liverpool football player.

Another resident loves drama and music and was heard singing songs of their own composition over the course of the day. Instruments were present in the living room and the resident discussed with the inspector a concert attendance planned for this summer with staff and how staff had supported them in getting tickets. The resident offered the inspector a cup of tea and was later seen to independently make a cup for themselves and to drink it in the staff office while catching up with staff on duty.

One individual in the house had gone out with staff during part of the day and on return greeted the inspector. They were seen to join others in the kitchen and later to spend time in their room. Two of the residents utilised an outdoor space to smoke a cigarette which they explained had been fitted with a heater and chairs for their use, which they had requested. A resident was observed sitting with a staff member while reading a book and was positively supported with developing their reading fluency.

A resident who liked to watch certain daytime television programmes interacted with the inspector briefly. They had a favourite armchair and foot stool and on the day of inspection had settled in with a large fleece blanket and explained that it was cosy and warm. Staff gave the resident space to watch the television while quietly checking that they did not require support at intervals. The resident explained that they liked the house and really liked the peace in the sitting room in the afternoon.

Residents were seen to be supported in independently preparing meals, for example one resident was cooking turkey stir fry for their dinner and they were supported to have meals and snacks at times that suited them.

Capacity and capability

Within this centre there was a well-established governance structure and management team in place. The provider and person in charge were aware of their responsibilities in providing a quality and safe service. The person in charge is supported by a team leader in the centre. The management team in place demonstrated a strong passion for the service they provided.

The provider had systems in place to monitor the service provided within the centre. Unannounced visits to the centre to review the quality and safety of care provided to residents had been carried out every six months. While an annual review of the centre for 2018 had also been completed; additionally the annual review for 2019 was being compiled. Audits were also being carried out and any issues that were highlighted were acted upon. This provided assurances to the inspector that the provider had appropriate systems in place to monitor the service provided and ensure positive outcomes for residents.

There was a staff team in place in line with the provider's model of care. Where there was a requirement to cover gaps in the rota, agency staff were utilised and the person in charge ensured where possible these were consistent. However the information obtained in respect of the agency staff who worked within the centre was not as required by regulation. The inspector was satisfied that staff were appropriately supported and supervised to provide care and support to residents living in the centre. Having spoken to staff and reviewed information relating to residents' needs, and observed rosters, the inspector was satisfied that appropriate workforce levels were provided to meet residents' needs on the day of this inspection.

Staff who spoke with the inspector were able to accurately describe the supports to be provided to residents and how they would encourage independence and new skills. The inspector also observed staff members engaging with residents in a positive, respectful manner and providing appropriate support if required. Training was provided for staff and volunteers to equip them with the necessary skills to support residents. Where refresher training was required by staff the person in charge demonstrated to the inspector that this had been booked.

Residents were encouraged and supported to raise complaints if they choose to do so and arrangements were in place for any complaints to be resolved locally where possible. The provider had clear procedures relating to complaints and a complaints log was maintained outlining the nature of any complaints made and any action taken. While the person in charge was aware of whether residents were satisfied with the outcome, better consistency was required with respect to the recording of same. The inspector was assured that complaints were listened to and acted upon.

Regulation 16: Training and staff development

Arrangements were in place for staff to receive formal supervision. Records of formal supervision were maintained which were reviewed during this inspection. Training was provided to all staff working in the centre. Training records reviewed indicated that all staff had received up to date training in areas such as fire safety and safeguarding. Where refresher training was required the person in charge had a system in place to identify this and staff were scheduled to attend same.

Judgment: Compliant

Regulation 23: Governance and management

A clear governance structure was in place which was known to residents and staff in the centre. Audits had been carried out in key areas such as health and safety and medicines. Annual reviews had been carried out for 2018 and were being compiled for 2019. Six monthly unannounced visits had also been conducted at the required intervals. Reports of these visits were maintained in the centre and included an action plan to address any issues found. The Inspector saw evidence that the provider had taken action in response to such issues.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a record of accidents and incidents in the centre. It was found that all events which required notification to HIQA had been submitted within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

Policies and procedures were in place in relation to complaints. A complaints officer was in place and residents and their relatives were aware of how they could make a complaint if required. A complaints log was maintained outlining the nature of any complaints made, any action taken and the person in charge engaged with residents to ensure they were satisfied with the outcome

Judgment: Compliant

Regulation 15: Staffing

A consistent staff team was in place in this centre and planned and actual rosters were maintained by the person in charge. Where agency staff were used there were efforts to ensure they were consistent. However, the information obtained in respect of the agency staff who worked within the centre was not as required by regulation.

Judgment: Substantially compliant

Quality and safety

The inspector was satisfied that residents were provided with a good quality of life within a community environment in keeping with the ethos of the provider. The inspector observed that residents were appropriately supported and encouraged to enjoy a good quality of life.

Throughout the inspection, it was seen that residents were supported to participate in activities of their choice. For example, one resident engaged in art with support, a resident was supported to enjoy reading a book, and another was allowed space and time to enjoy particular favourite television programmes. Residents were supported to engage in classes and courses of their choice, social events and holidays. It was clear that residents enjoyed the activities they participated in and were proud of works that they had completed and the inspector was shown examples of arts and craft and listened to music created by residents.

Most residents had an individual personal plan in place which was developed in a person-centred way with their active involvement. However for one resident the inspector noted that there were no goals set to ensure that the individual had opportunities for social or community engagement. The plans outlined the supports to be provided to residents to meet their assessed needs and had been informed by appropriate assessments. Staff members present during this inspection demonstrated a good understanding of such needs and supports and were observed by inspectors to provide appropriate support to residents if required.

It was also found that residents were supported to enjoy the best possible health. Residents were facilitated to access health and social care professionals such as physiotherapists and associated plans in place were seen to be consistently carried out. Individuals were seen to be supported in engaging in programmes focused on increasing walking stamina or targeting other therapeutic goals. Residents had regular assessments carried out and where necessary health care plans were put in place outlining the supports needed for residents.

Where it was required, residents had positive behaviour support plans in place. The inspector reviewed a sample of these plans and found them to contain sufficient

detail to guide staff. Staff who spoke with the inspector were able to outline the steps that they would take to promote positive behaviour among residents. There were no restrictive practices currently utilised in the centre.

There were appropriate procedures in place to ensure that each resident living in this centre was protected from all forms of abuse. Areas of vulnerability had been identified and inspectors saw evidence that reasonable and proportionate measures were taken to ensure the safety of residents where required. Throughout the inspection residents were observed to be comfortable and relaxed in the presence of staff. The provider had also ensured that residents received training to support them to develop knowledge, self-awareness, understanding and skills for self-care and protection.

Residents were consulted in the running of the centre and their active involvement was reflected informally in the inspectors' conversations with residents about their lives, as well as in formal documents such as minutes from resident meetings. Developing and maintaining personal relationships and links with the wider community was actively encouraged and facilitated. For residents where physical access to their community was a challenge, the staff team were endeavouring to creatively respond by providing novel activities and experiences inside the centre. Activities of the residents choice both in and out of the centre was also facilitated and encouraged. Residents were supported to engage in education and employment opportunities and many had certificates from successfully completed courses.

The inspector was satisfied that appropriate efforts were being made in the designated centre to promote the health and safety of residents. An up-to-date risk register was in place and each resident, where required, had individual risk assessments in place to promote their quality of life and protect them from harm. There was evidence of positive risk taking which supported the quality of residents' lives such as independently cooking or using public transport. Audits in the areas of health and safety were also being carried out and any learning from risks or adverse incidents were shared with staff to ensure that such issues were appropriately responded to.

Fire safety systems were in place in the centre including a fire alarm system, emergency lighting, fire doors and fire extinguishers. Such equipment was noted as being serviced at the required time frames. Fire exits were observed to be unobstructed on the day of inspection, however for one exit where a ramp was required it was situated behind furniture in the room and not readily accessible. Residents had personal evacuation plans in place which outlined the supports to be provided to assist them in evacuating the centre. Staff and residents were also provided with training in fire safety. While the provider was ensuring that fire drills were taking place regularly these were not consistently unannounced and therefore residents were not being afforded the opportunity to trial evacuating in unanticipated situations. It was also noted that a number of residents often declined to participate and one resident had never participated in a drill. This did not provide assurances that all residents could be effectively and safely evacuated by the staff team in the event of a fire.

Regulation 13: General welfare and development

Developing and maintaining personal relationships and links with the wider community was actively encouraged and facilitated. Activities of the residents choice both in and outside of the centre was also facilitated and encouraged. Residents were supported to engage in education and employment opportunities.

Judgment: Compliant

Regulation 26: Risk management procedures

A detailed risk register was in place along with a risk management policy. Risk was kept under review by health and safety audits and regular staff meetings.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly.

While the provider was ensuring that fire drills were taking place regularly these were not consistently unannounced and therefore residents were not being afforded the opportunity to trial evacuating in unanticipated situations. It was also noted that a number of residents often declined to participate and one resident had never participated in a drill. The provider and person in charge could not therefore ensure a safe and effective procedure was in place for evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which were developed with the participation of residents and their representatives where appropriate. Such plans were informed by appropriate assessments. However consistency was required to ensure all residents had goals that reflected their participation and engagement in social

activities. Regular reviews were carried and personal plans had multidisciplinary input.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were assessed and support was provided for these in line with their personal plans. Access was facilitated to health and social care professionals as required and regular monitoring of the healthcare needs of residents was carried out.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had detailed positive behaviour support plans. Staff members were aware of the supports that were to be provided to residents to promote positive behaviour among residents. A restraint free environment was provided for.

Judgment: Compliant

Regulation 8: Protection

Residents received training courses in safeguarding from the provider to ensure that they were supported to develop knowledge, self-awareness, understanding and skills for self-care and protection. Arrangements were in place to ensure that residents were protected from all forms of abuse. This included relevant policies in this area and training for staff.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 15: Staffing	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oakwood OSV-0005770

Inspection ID: MON-0025179

Date of inspection: 07/01/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We use 2 x regular Agency staff. LSM RM has contacted the agency and requested a full copy of all staff files for our records in respect of both staff. This documentation will be available on Friday 7.2.2020	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: LSM and Team leader met with all x 4 residents on 13.1.2020 and explained our responsibility going forward to run Fire Drills with 4 x unannounced drills and one Night time simulation drill to be run each year, explaining the rationale for same. A fire drill was run on 30.1.2020 and it was noted that all 4 x Residents were involved. It is planned to run our first unannounced fire drill at the end of February.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Following a clinical review of goals for all residents on 22.1.2020 new goals for all clients were agreed including goals for all residents to include more participation and	

engagement in social activities.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	07/02/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/01/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	30/01/2020

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	22/01/2020