



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

Issued by the Chief Inspector

Name of designated centre:	Oak Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	19 May 2021
Centre ID:	OSV-0004065
Fieldwork ID:	MON-0032836

About the designated centre

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

Oak Services is a centre run by Ability West. It provides a residential and respite service to those with an intellectual disability who require support ranging from minimum to high levels of care needs. The service can accommodate both male and female residents from the age of 18 upwards. The service can accommodate up to four residents at a time and operates seven days a week. The centre comprises of one two-storey dwelling which provides residents with their own bedroom, some en-suite facilities and shared bathrooms, a kitchen and dining area and sitting room. There is a secure garden area to the rear of the centre that residents can access as they wish. Ramped entry and exits are also available to residents. There is also a compliment of staff to support residents during both day and night time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 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
Wednesday 19 May 2021	10:10hrs to 15:10hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector found that the health, wellbeing and social care needs of residents who lived at the centre was promoted, and that person-centred care was provided. Residents who the inspector met with during the day of inspection appeared happy and relaxed in their environment, and with staff supporting them.

At the time of inspection the designated centre was providing full-time care to three residents. Respite care of shorter duration was not being provided at this time during the COVID-19 pandemic. The inspector met, and spoke with all three residents throughout the day of inspection while adhering to the public health guidelines of the wearing of a face mask and social distancing. In addition, the inspector met and spoke with two staff who were working on the day. Families were contacted by the person in charge to ask if they would like the opportunity to speak with the inspector via telephone call, and families contacted declined to speak with the inspector at this time.

On arrival to the centre, the inspector was informed that all residents and staff were gone out shopping. Prior to lunchtime, one resident agreed to meet with the inspector. They were observed to be listening to music in the sitting-room and they appeared to be relaxed sitting on an armchair by the window. The resident briefly interacted with the inspector and communicated that they had been out on the bus, through use of Lámh signs. They were observed asking staff about what staff member was due to work that night and the next morning, and the inspector was informed that this resident liked to be involved in changing the pictures on the visual roster that was located in the hallway. The resident appeared relaxed in their environment and with staff, and they responded to questions that staff asked them, such as what they were having for lunch etc.

The inspector later met with two other residents prior to them leaving to go for a drive on the bus. Residents communicated with the inspector in their own terms and one resident said that they were 'good' when asked how they were. One resident did not communicate verbally with the inspector; however they were observed to be comfortable around staff and on the bus, and the inspector was informed that they loved to go for drives on the bus. The inspector was informed that as it was a nice day out, residents were going for a drive to a nearby amenity where they may have a walk and would get an ice-cream while they were out.

In addition, the inspector spoke with staff members who were working on the day in order to get views of the lived experiences of residents at this time. Staff members appeared knowledgeable about residents' support needs, likes and communication preferences. In addition, they were observed to be treating residents with dignity and respect, and residents appeared comfortable in their company. Staff members said that they felt that residents were getting on well at this time during the public health restrictions, and that they had adapted very well to not having the daily structure of attending day services each day. Staff spoke about activities that

residents were enjoying at this time including; taking part in online classes, baking, having in-house discos, listening to music, going for walks and engaging in sensory activities of choice such as water play. Staff spoke about how residents are supported to make choices in their day-to-day lives, and spoke about individual residents' personal likes and how that was supported, such as buying lottery tickets and the television guide each week. Staff also gave examples about how residents who did not communicate verbally were offered choice, such as through the use of objects of reference and pictures. The inspector noted through documentation review and discussions with staff that residents were supported to maintain links with their family at this time of public health restrictions, through video and telephone calls. The inspector was also informed that residents had access to technology which allowed them to access the Internet and one resident had a games console, which they liked to use regularly.

The inspector reviewed documentation such as person centred plans, the annual review of the service, daily records and residents' house meeting notes in order to get a more detailed view of the lived experience of residents. Resident meeting notes provided evidence of ongoing consultation with residents about a range of topics such as; meal planning (where choices were offered through pictures), activities, COVID-19 information, hand hygiene, vaccines and also included regular discussion about safety issues such as fire drills and safeguarding. In addition, it was noted that the centre had its own easy-to-read document developed on the charter of rights and this was noted to be a regular topic at residents' meetings. The inspector noted that residents were supported with making choices about how they lived their lives and about what goals they wanted to achieve in the future, through the person centred planning process, where goals were under regular review for progress. Some goals identified included; baking programmes, on line classes, doing a step challenge, creating art and having in-house celebrations for birthdays, Easter etc. There was photographic evidence in residents' easy-to-read accessible plans of activities that had occurred, and which showed that residents appeared to be enjoying the activities.

The centre appeared clean, homely and was nicely decorated with photographs of residents and other personal effects. There was a spacious outdoor garden which was accessible through double doors leading from the conservatory room, which contained garden furniture and activities for residents to enjoy. The inspector was informed that some residents had enjoyed helping to paint the back garden wall recently, which was then decorated with nice garden ornaments and provided for a nice, relaxing space.

Overall, residents appeared happy and content in their home environment and with staff supporting them. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there was a good governance and management structure in place in the centre which ensured that the care delivered to residents was effectively monitored to promote safe and person centred care. Internal auditing systems were in place where regular audits were completed by the person in charge and the provider, which ensured good oversight by the management team.

The person in charge worked full-time and had responsibility for two other designated centres. She was supported in her role by the persons participating in management and a team of front line staff that consisted of a skill mix of social care workers and care assistants. There was a waking night and sleepover cover provided each night to support residents with their needs. A planned and actual rota was in place which was reviewed, and demonstrated that there was a consistent staff team in place to ensure continuity of care to residents.

The person in charge completed a training needs analysis and ensured that staff received training as part of their continuous professional development. A review of the training matrix demonstrated that staff were provided with mandatory and refresher training in areas such as; fire safety, behaviour management, safeguarding, infection prevention and control, use of personal protective equipment (PPE) and hand hygiene. Training was also provided in areas where specific care needs of residents was identified; such as the administration of emergency medication for epilepsy, respiratory emergency training and feeding, eating, drinking and swallowing (FEDS) training. The person in charge carried out supervision sessions with staff to support and develop them in their role in delivering effective care to residents.

The person in charge developed a comprehensive schedule of internal audits that were completed at regular intervals. This included audits of fire management systems, health and safety, medication management, finances and personal plans. In addition, regular reviews of incidents that occurred at the centre took place, where trends were identified and learning from incidents were taken. A review of incidents indicated that the person in charge had submitted all notifications as required in the regulations to the Chief Inspector of Social Services. Staff meetings were held remotely during the COVID-19 pandemic and a review of records showed that these occurred regularly and they demonstrated that there was good attendance and participation from the staff team members. A range of agenda points were discussed including; COVID-19, medication management, risk management and plans of care for residents. Staff with whom the inspector spoke said that they felt well supported in their role and could raise any concerns to the management team at any time if required.

The provider ensured that six monthly unannounced visits and an annual review of the quality and safety of care and support of residents were completed as required by the regulations. The findings from audits identified areas for quality improvement for the centre and the inspector found that areas noted for improvement were kept under ongoing and regular review for completion by the person in charge and other members of the management team. Actions included time-frames and persons

responsible, and actions identified were found to be completed in a reasonable time-frame.

A full application was received for the renewal of registration of the centre, and a review of the Statement of Purpose was completed on inspection. Where a minor amendment was required to ensure clarity of information contained within the document, this was addressed by the person in charge on the day.

In summary, the systems that were in place ensured effective oversight and monitoring by the management team in ensuring that the centre was safe, effectively resourced and met the individual needs of residents.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of the centre was made.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual rota in place which demonstrated that the service was staffed with a consistent team of staff to ensure continuity of care for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a range of mandatory and refresher training programmes. In addition, a training needs analysis was completed which identified specific training required to best support residents. The person in charge had a schedule in place for supervision and development meetings with staff throughout the year.

Judgment: Compliant

Regulation 23: Governance and management

There were good governance and management systems in place which ensured effective oversight and ongoing monitoring of the centre to ensure that it was safe

and to a high quality. The provider ensured that six-monthly provider audits and the annual review of the quality of safety and care in the centre was completed as required in the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a Statement of Purpose in place, which had recently been reviewed and contained all the requirements under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications as required under the regulations were submitted to the Chief Inspector.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality, safe and person-centred service where rights and individuality were respected. Residents who the inspector met and spoke with appeared to enjoy living at the centre and appeared to be comfortable in their environment and with staff supporting them.

Residents had personal profiles in place which included comprehensive information regarding their likes, dislikes and routines. In addition, assessments of needs were completed to assess health, personal and social care needs and there was evidence that these were reviewed regularly. Residents were supported to identify personal goals through the person centred planning process, and a sample of files reviewed demonstrated that these goals were regularly reviewed and updated with progress notes. In addition, residents had up-to-date accessible personal plans with photographs of goals achieved. Annual meetings were held which included the involvement of residents' family members.

Residents were supported to achieve the best possible health by being facilitated to attend a range of medical and health care services where this was required. This also included receiving information about vaccines and making this service available

to residents. Residents who required specific supports with health care needs; such as epilepsy and swallowing care, had support plans in place. In addition, where concerns about residents' health were raised, these were followed up with the relevant healthcare professionals. For example, it was noted through regular weight monitoring records of residents that one resident had lost weight over the last few months, and there was evidence that this was followed up with an appropriate healthcare professional. Residents also had access to multidisciplinary supports such as physiotherapists, occupational therapists and speech and language therapists, where this need arose.

The inspector found that residents' rights were promoted through discussion at residents' meetings where a centre specific easy-to-read charter of rights was used to support residents' understanding. All residents had comprehensive communication plans in place which had been developed with the support of a speech and language therapist, and which provided details about residents' individual communication preferences and how best to support them when offering choice. Staff spoken with informed the inspector about how they could support residents with making choices in their day-to-day lives through objects of reference, pictures and gestures in line with residents' communication preferences and needs.

Safeguarding of residents was promoted in the centre through staff training, ongoing review of incidents that arose in the centre and discussion with residents at meetings about staying safe. There were no safeguarding concerns in the centre at the time of inspection; however staff spoken with demonstrated knowledge about what to do in the event of abuse. Each resident had a comprehensive personal and intimate care plan in place, which provided guidance to staff on residents' preferences and areas where supports were required and how best to do this in line with residents' preferences.

The provider ensured that there were systems in place for the prevention and control of infection including staff training, health and safety audits, posters on display around the house about how to prevent infection transmission, use of PPE and availability of hand gels. In addition, there were systems in place for the prevention and management of risks associated with COVID-19; including up-to-date outbreak management plans which involved the support of an organisational response team to respond to, and provide guidance around the management of all aspects of a potential outbreak. The provider had completed the Health Information and Quality Authority (HIQA) self-assessment tool for preparedness planning and infection prevention and control assurance framework. Resident meetings demonstrated that residents were supported to understand measures to protect themselves from infection with regular discussion occurring about COVID-19 and hand hygiene.

Systems were in place for the identification, assessment and management of risk, including an up-to-date risk management procedure. There was a process in place whereby the person in charge submitted the top five risks on the risk register to other members of the management team for review each month. While risk assessments were completed for service and individual residents' risks where risks had been identified, improvements were required in the documentation and ratings

of risks. For example; the ratings noted on the top five risks were not consistent with some individual risk assessments that were in place. This did not have a medium to high risk on the care of residents; however the inconsistencies in the documentation could lead to a less effective review of the risk management and current risks.

Overall, residents were provided with a person-centred service where regular assessment of their needs occurred, and plans of care developed which provided specific guidance to staff on best to support and communicate with residents.

Regulation 10: Communication

Residents had communication profiles and passports in place which provided guidance to staff on how to support residents to communicate in their preferred communication method. This was observed in practice on the day of inspection. In addition, residents had access to technological devices, the internet and magazines, in line with their individual choices and wishes.

Judgment: Compliant

Regulation 20: Information for residents

There was an easy-to-read guide for residents, which contained all the information as required under the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There was an up-to-date risk management procedure in place which outlined the arrangements for the identification, assessment and review of risks. Where risks had been identified, there were risk assessments in place. However, the inspector found that there were inconsistencies in some of the documentation reviewed with regard to the risk ratings, which were not in line with the person in charge's top five risks that had been risk-rated and submitted to the management team.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider ensured that measures were in place for infection prevention and control including; staff training, resident and staff symptom checks during COVID-19, availability of PPE and hand gels. In addition, HIQA's self-assessment tool for contingency planning during COVID-19 had been completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments of needs were completed for residents, and support plans were developed where this was identified as being required. Personal plans were under regular review and updated as required. Family members were involved in the annual reviews of their family member's care and support.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health at this time, by being facilitated to attend a range of allied healthcare professional appointments, where these were required and recommended. This included access to General Practitioners, chiropodists and dentists, as well as access to vaccines and multidisciplinary supports such as occupational therapists, physiotherapists and speech and language services.

Judgment: Compliant

Regulation 8: Protection

Staff were trained in safeguarding, and staff spoken with were aware of what to do in the event of a concern of abuse. Residents had comprehensive personal and intimate care plans which outlined the supports required in this area.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices in their day-to-day lives in line with their communication preferences. A range of easy-to-read documents were available to support residents in making choices in their lives.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oak Services OSV-0004065

Inspection ID: MON-0032836

Date of inspection: 19/05/2021

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: PIC has completed a full review of centre risk register and residents risk assessments to ensure consistency in the risk rating on both documents. Top 5 risks were resubmitted to Management for review. This was completed on 26/05/2021.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	26/05/2021