



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

Issued by the Chief Inspector

Name of designated centre:	Oatfield House
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	16 February 2021
Centre ID:	OSV-0006699
Fieldwork ID:	MON-0031011

About the designated centre

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

Oatfield House provides a residential service for six adults, both male and female, over the age of 18 years with intellectual disabilities, autistic spectrum and/or acquired brain injuries who may also have mental health difficulties and behaviours of concern. The centre comprises two houses, one which accommodates five residents and a single occupancy residence. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by Positive Behaviour Support in line with a model of Person Centred Care and Support. Services at Oatfield House are provided in a homelike environment, that promotes dignity, respect, kindness and engagement for each resident. Residents are encouraged and supported to participate in the community and to avail of the amenities and recreational activities. Residents are supported by a team of direct support workers who are supported by a Person in charge. They also have access to a range of allied professionals.

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 16 February 2021	09:30hrs to 16:00hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

This inspection took place in a manner so as to comply with the public health guidelines and minimise potential risk to the residents and staff. The inspector met with the four residents in this high support service at various times during the day. Most of the residents were unable to directly communicate with the inspector and in addition, a number of the residents were not comfortable with high numbers of people and strangers in their house. This was respected, but the inspector was able to observe some of their routines during the day.

Some residents used nonverbal communication and indicated their contentment with their activities. Staff also supported the residents to communicate with the inspector. The residents appeared to be well cared for, contented, and had their own preferences for individual routines, supported by the one-to-one staffing levels which enabled this to occur. The staff used pictorial images, and signing if appropriate, to enable residents communicate and express their wishes. There was a therapeutic focus to their activities for example, in recognition of their need for low arousal activities and space some residents preferred to eat alone and this was facilitated.

One resident showed the inspector their bedroom and recreational and hobby equipment, which they were very happy with. The resident said they got on well with the staff who helped with everything. The resident was aware of their plans for the day, looked forward to going to favourite places and expressed how it was important to wear masks and keep their distance at this time. Other residents did their own preferred activities either with staff or alone, for example, they had massages, used IPADS, went out for their drives and walks, taking the COVID-19 restrictions into account.

The residents were observed to be in good spirits overall, although it was apparent at times that the noise and activity levels were high, and this was a source of increased anxiety for some residents. The provider had recognised and responded promptly to issues of compatibility and safeguarding, which had emerged in relation to this, and had made definite plans to address any issues. From a review of the records however, the inspector found that these had occurred due to circumstances outside of the providers control, despite the best efforts to adequately assess the each persons needs and compatibility prior to admission. While the plans had been delayed by the pandemic, they were being expedited at the time of the inspection and additional staff, changes to routines, and high level of clinical intervention had been effective in the interim. The inspector also observed that staff were supportive and calm when any issues of challenging behaviours occurred, employing the strategies suggested to good effect.

Additionally, the provider was adding a new, single occupancy building, adjacent to the designated centre, but not increasing the total number of residents, thereby ensuing further communal and personal space in the main house, which would

benefit the individual residents.

The premises were very spacious, well decorated, furnished comfortably, and each resident had a suitably equipped en suite or separate wet-room. The residents personal spaces were furnished according to their own preferences. The additional apartment, not as yet occupied, was also reviewed and was well decorated, spacious and suitable for its function as an individual home. The staffing and transition arrangements for this were found to be satisfactory, and this addition would have no negative impact on the current residents.

It was apparent that the residents, and in this instance their representatives, were consulted and communicated with, in a manner appropriate to each of the residents' needs, about decisions regarding their care and their daily lives. Key workers used a range of mediums to ascertain the residents' preferences. There were detailed guidelines as to their known and expressed preferences in relation to all aspects of their care needs, as the residents may not be able to directly communicate this themselves. The staff were very familiar with these, were observed to be adhering to them, and responding promptly to them during the day. The staff were also very respectful in their interactions with the residents and the residents were interacting in a relaxed way with staff.

The inspector had the opportunity to speak with a family member. They expressed their absolute confidence in the manager and staff to communicate and consult with them. They also expressed their satisfaction with the progress that was being made, since the admission, to enable their young adult child have a meaningful and safe life. There were no complaints recorded at the time of the inspection but there was evidence that any queries raised by family members were being listened to, in consultation with the clinical support staff.

As the residents were admitted in slow stages since June 2020 normal day services, training and educational supports were not available. However, the time was being used to undertake assessments as to what would best meet the residents' need and preferences for their future. Their personal goals had been identified and included supports with the development of fundamental life skills as well as social and community supports to ensure resident could lead a fulfilling life.

In summary, the findings of this report indicate that this was a well-managed service, which aimed to provide a safe and meaningful life for the residents, who had complex needs, by providing them with a evidenced -based level of support, environment and care, which would achieve the best outcome for 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

This risk based inspection was undertaken, at short notice, to ascertain the providers continued compliance with the regulations, the arrangements in place to manage the continued COVID-19 pandemic, and inform the decision in regard to the provider application to increase the footprint of the centre by the addition of a single occupancy apartment. This would not however result in an increase to the number of residents living in the centre. The centre was inspected in July 2019 prior to commencing admission of residents in April 2020.

The provider had good management and oversight systems in place to ensure that the care and support available were suitable to meet the needs of the residents. The centre was managed by a suitably qualified and experienced person in charge. She had very good knowledge of the assessed needs and support requirements for each of the residents and of her responsibilities in overseeing their care. There was also a team leader appointed on each day and evening, which supported the residents care. The community service manager was also closely involved in oversight and planning for the centre.

There were good reporting and oversight systems evident, and the provider undertook a range of audits and unannounced reviews which identified any areas for improvement which were then completed by the person in charge. For example, issues noted included training deficits for staff, resources, medicines errors and all incidents. Any actions identified were addressed by the person in charge. There was a formalised on-call system available at all times to support the staff.

The provider ensured that there were sufficient staff on duty to support the residents. A high staff ratio of five staff were on duty each day and three waking staff at night. The planned arrangements for staffing the additional unit were also satisfactory, with familiar staff being allocated to the resident when a resident moves into the unit. While nursing care was not required full time, there were two community nurses available for advice and guidance, and were actively providing this guidance to the staff. A review of a sample of personnel files indicated that the recruitment procedures were safe.

From the records seen, mandatory training was up-to-date, with any deficits in due to COVID -19 already scheduled. There was also a detailed staff induction program to ensure the staff were familiar the residents and their support plans. The staff expressed their confidence in the supports and guidance available to them from the managers.

From a review of the accident and incident records and the notifications submitted to the Chief inspector, the provider was submitting all of the required notifications and appropriate actions were taken to manage all incidents and support the residents well being and safety.

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge who was fully engaged in the management of the service.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that there was a high staff ratio available to support the residents and recruitment procedures were safe.

Judgment: Compliant

Regulation 16: Training and staff development

From the records seen, mandatory training for staff was up-to-date, with any deficits in due to COVID-19 already scheduled. The staff also had support and guidance from the allied professionals involved.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good management and oversight systems in place ensure the care and support available were safe and suitable to meet the needs of the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of the accident and incident records and the notifications submitted to the Chief inspector, the inspector was assured that the provider and person in charge was submitting all of the required notifications.

Judgment: Compliant

Quality and safety

Quality and safety:

The inspector found that the residents' quality and safety of life was prioritised, and the service had been planned to offer the best opportunity for the residents. Following admission, the inspector saw that a comprehensive range of multidisciplinary assessments were undertaken and were being kept under review, so as to support the best outcome for the residents. From a review of three of the residents' records, very detailed support plans, based on these assessments for all aspects of the residents' lives, were implemented and kept under frequent review, to ensure they were appropriate and helpful to the residents. The residents' social care needs, hobbies and developmental needs were being identified and promoted and any personal or developmental goals, while impacted by the pandemic, were being planned for. These included developing basic life, personal and social care skills which would have long-term benefits to the residents. The residents and their representatives were closely involved in this process.

The residents' healthcare needs, were being reviewed and responded to with additional resources or referrals promptly accessed. There were suitable and safe systems for the management and administration of resident's medicines, and staff were familiar with the resident's medicines, the reason for this and how it was to be administered. Medicines were also frequently reviewed and their impact on the resident monitored.

There were effective systems, policies and procedures in place to protect residents from abuse. From a review of a number of incidents reports and safeguarding plans the inspector saw that procedures had been followed promptly when concerns were identified, with appropriate safeguarding plans implemented and being monitored to keep the residents safe. Changes to routines and staffing levels were used to avoid situations of stress which could trigger such incidents.

The provider recognised the complexities of the residents' emotional and behavioural needs and there was frequent access to clinical supports for behaviours of concern, with detailed plans in relation to these. The emphasis was on prevention, understanding why incidents occurred, and reducing the stress for the residents. Staff were able to outline these to the inspector and clearly understood the residents' behaviours. These interventions had resulted in a reduction in the severity of incidents and were being carefully monitored.

The staff had detailed guidelines in regard to supporting the residents with personal care which protected their privacy and dignity, and their finances, with which they required full support and were carefully monitored to protect them.

There were a number of restrictive practices used in the centre, including physical interventions. Having reviewed the assessments and oversight of these interventions, the inspector was assured that such interventions were used only as

prescribed, in the most crucial circumstances, and were carefully reviewed by the person in charge and the clinicians to ensure no harm came to the residents.

The residents were protected by the risk management systems in place. A sample of risk management plans for issues which impacted on the provision of care, were reviewed by the inspector and these, along with the residents individual risk management plans, were robust and responsive to their vulnerabilities.

The residents were also protected by the systems for the management of fire. Systems for the containment and management of fire including alarms, emergency lighting and extinguishers were in place, and serviced as required for both houses. Staff also undertook regular fire evacuation drills with the residents, who all had suitable personal evacuation plans in place, which identified any specific risks and had appropriate strategies to manage these.

The provider had infection prevention and control procedures in place and these had been revised to reflect the increased risks and challenges of COVID-19 and to protect the residents. These were seen to be revised as the level of risk changed and were updated to reflect the changing guidelines. Strategies included: restrictions on any visitors to the centre, protocols for staff, increased sanitising processes during the day, the use of and availability of suitable PPE. Contingency plans for staff were in place. The systems the provider had put in place had worked effectively to date.

Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand-hygiene had been provided for staff. Staff and residents were monitored frequently for symptoms. Some of the residents were unable to maintain social distance and the staff were seen to be wearing appropriate protective equipment and sanitising frequently, but maintaining a normal homelike environment for the residents. As some of the residents would be unable to self-isolate, the provider had a nominated centre should this be necessary. The staff were using strategies to help prepare the residents for vaccination.

These systems were being monitored. The provider had sought guidance from the relevant agencies to support the service in managing this as safely as possible.

Regulation 17: Premises

The premises is suitable for purpose and meets the needs of the current and future residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The residents were protected by the risk management systems which were centre-specific, with systems for learning and review evident.

Judgment: Compliant

Regulation 27: Protection against infection

The procedures for the prevention of and management of infection were satisfactory, and had been revised to reflect the increased risks of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Systems for the prevention and management of fire were satisfactory.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable and safe systems for the management and administration of residents' medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had access to range of pertinent multidisciplinary assessments, and frequent monitoring and review of their care and support needs were undertaken, in consultation with them and their representatives. The provider also made safe and appropriate decisions promptly where it was deemed that the environment was not the most suitable to meet the needs of residents.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs, were being reviewed and responded to with additional resources or referrals promptly accessed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were supported by frequent access to clinical supports for behaviours of concern with detailed plans in relation to these. The emphasis was on prevention, understanding why incidents occurred, and reducing the stress for the residents. Staff were able to outline these to the inspector.

Judgment: Compliant

Regulation 8: Protection

There were effective systems, policies and procedures in place to protect residents from abuse. From a review of a number of incidents reports and safeguarding plans, the inspector saw that procedures had been followed promptly , when necessary, with appropriate safeguarding plans implemented and being monitored to keep the residents safe.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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