



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

Issued by the Chief Inspector

Name of designated centre:	Oyster Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	15 July 2021
Centre ID:	OSV-0007964
Fieldwork ID:	MON-0032543

About the designated centre

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

Oyster Services is a bungalow style house and prides itself on providing a homely living environment that has been adapted to meet individual preferences and needs. Oyster Services offers a service to up to four residents who are over 18 years of age and have a moderate to severe intellectual disability and/or autism or mental health difficulties. The house has been adapted to meet individual preferences and needs. Individuals will have his own bedroom and which was decorated in accordance with their personal wishes.

Oyster Services consists of a spacious ground floor bungalow encompassing four bedrooms and three bathrooms. There is a living room and a large kitchen/dining room. There is a separate sitting room for individuals to use as an alternative to the living room. In addition, there is a utility room, office, and sleep over room, a foyer. At the side of the house, there is a separate living area/space for an individual with Autism that likes his own space, which can be accessed directly from the outside if required, and this living area has its own garden.

The house has a spacious large garden to the back with a small garden to the front of the dwelling.

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
Thursday 15 July 2021	10:00hrs to 14:30hrs	Thelma O'Neill	Lead

What residents told us and what inspectors observed

The inspector found from observations and speaking to residents and staff, that residents were enjoying a good quality of life where they were supported to be active participants in the running of the centre and involved in their communities.

On arrival at the centre, the inspector was greeted by a resident and welcomed to his home. He asked the inspector to sign the visitors' book and adhere to infection control procedures operated in the centre as preventative measures against COVID-19. The resident showed the inspector around his home and told the inspector the history of the house and that he had recently moved back to live in the house in April this year, after it was renovated. He said he was very happy to be back living in the local area as he knew all the neighbours and he was living near his day service and local amenities that he was very familiar with. He told the inspector about his daily activities and that he enjoyed them very much. He said he was very happy living in the centre, and got on well with his peers. He said staff were good to him and were very familiar with his needs and wishes. After a while when he was ready he called the day support staff to collect him to go to day activities.

The inspector completed a walk around of the centre and found it was pleasantly decorated and the design and layout was suitable for the needs of the residents. Each bedroom was individualised and was decorated in accordance with the residents' personal wishes. Three residents could be accommodated in the main house and one resident had a self-contained apartment off the main house with inter-connecting hallway. The inspector visited the resident in the apartment who was very welcoming to the visitors and was especially happy to see the person in charge, and it was obvious they had good relationship. He told us about his recent activities both in house and trips in the local community. He was especially keen on arts and crafts, cooking and watching television and going for drives in his own transport. The inspector was shown around the apartment and the resident said he was very happy in the centre and got on well with his staff.

Overall, the inspector found this newly renovated centre had a homely feeling and suitable living environment that had been appropriately adapted to meet the individual needs and preferences of the residents living in the centre.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. Oyster Services is part of Clarin Services which operates seven designated centres by the Brother of Charity Services Ireland. This centre was recently registered as a new designated centre and this

was the first inspection of the centre. The inspector found the organisation has a robust governance structure which is managed locally by the regional management team, which consists of a sector manager and area manager and a service coordinator. The person in charge of this service is also the area manager for the Clairn Services.

The person in charge (PIC) works full-time with additional managerial responsibilities across the services outside of service designated centre. The PIC dedicates one day a week of his time to this designated centre for managing the service and works closely with the full-time clinical nurse manager 1 who is the team leader. The Person in Charge is responsible for the day-to-day management and for ensuring individuals receive a high quality service.

The person in charge is a full time employee of the services and is a registered nurse (RNID), and has a Masters in Health Care Management which demonstrated he was suitably qualified for the senior post he holds as the area manager and person in charge for this centre. The person in charge visits the designated centre, liaises with the full time team leader and staff on duty as needed, and is available via email phone as required. The person in charge delegates a range of responsibilities to the service coordinator and Team Leader who in turn supports the staff team in the day-to-day delivery of service. When the person in charge is on leave, the service coordinator and Team Leader are responsible for the designated centre.

The staff team consists of nurses, social care worker and support workers. There are two staff on duty during the day and flexible hours are added for support to outings and daily activities as required. There is a sleepover staff on duty at night in the centre.

Throughout the inspection, it was apparent that staff were very positive about the service provided to the residents and the how the relocation of the residents to this service had positively impacted on residents' lives. Staff were also very knowledgeable about the needs, interests and preferences of residents at the centre, and also spoke about how alternative ways of providing care and support due to the public health restrictions had presented challenges, but also led to improvements in care practices especially in supporting residents on home visits. Staff knowledge was further reinforced by their regular access to training, with all staff having completed the provider's mandatory training as well as further training in the last 12 months associated with infection control and COVID-19.

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre, having regard to the centre,

and his role and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff working in the centre was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff at the centre had regular access to training which ensured their practices were up-to-date and reflected current health and social care development, including the management of outbreaks of COVID-19.

Judgment: Compliant

Regulation 23: Governance and management

There were adequate oversight arrangements in place to ensure effective governance and management of the centre. For example, appropriate oversight of residents' health and social care needs, managing behaviours of concern, staffing and transport and day activities were all appropriately managed in line with residents' needs and that these were subject to regular review to ensure their effectiveness.

Judgment: Compliant

Quality and safety

Residents received a good standard of care and support at Oyster Services. Residents were supported by a knowledgeable staff team who ensured that a care and support was provided in line with residents' assessed needs, likes and

preferences.

Residents' assessed needs were supported through comprehensive personal planning arrangements which were kept up-to-date to reflect any changes in need or multi-disciplinary recommendations. Plans were subject to regular review to assess their effectiveness in consultation with residents, their representatives, staff and associated professionals.

Residents were supported to achieve a range of social and developmental goals, although these had been impacted upon due to the implementation of public health restrictions. Goals were reflective of residents' assessed needs ranging from maintaining family relationships, accessing favourite leisure pursuits and learning new skills to increase independence such as cooking basic meals.

Where care plans included supports on behaviours that challenge, information clearly guided staff on how to support the resident both from a proactive and post-incident point of view. Behaviour support plans were developed in conjunction with a behavioural specialist and were subject to regular review, as well as being supported by staff training in positive behaviour management. Behavioural supports also involved the use of agreed restrictive practices which were again subject to regular review to ensure their appropriateness in meeting the identified need. One behaviour of concern that involved a resident who made frequent verbal allegations against staff had been assessed by the designated officer and deemed to be a behaviour issue, rather than a safeguarding issue. However, a protocol was put in place to ensure appropriate measures were in place to record the allegations and they were reviewed by the designated office and person in charge at regular intervals.

Risk management arrangements such as; risk assessments were comprehensive and clearly informed staff about the risk and measures implemented to reduce their impact. In addition, risk assessments were subject to regular review to ensure effectiveness and regular discussions in staff team meetings ensured staff knowledge was up-to-date.

Infection control arrangements at the centre were robust in nature and reflected current public health guidance associated with the management of a possible outbreak of COVID-19. The person in charge had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities such as an outbreak amongst residents or staff and this was updated on the day of the inspection. The contingency plan was also supported by improved infection control arrangements at the centre such as regular cleaning schedules for all parts of the building, temperature checks for staff and visitors to the centre and the wearing of personal protective equipment (PPE).

Fire safety management was robust in the centre and the person in charge confirmed to the inspector that they had appropriate measures in place to safely evacuate the residents from the centre in the event of a fire. There was appropriate fire safety equipment, such as fire extinguishers, fire blankets, and a fire alarm system that alerted residents and staff to a fire. Regular fire drills demonstrated

residents could be evacuated swiftly in the event of a emergency. All staff were recently fire trained on site by the fire trainer who demonstrated how to use fire equipment and how to evacuate residents in a safe manner in the event of an emergency.

Regulation 17: Premises

Overall the centre's premises was maintained to a good standard, and had been recently renovated specifically to meet the residents needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements at the centre were comprehensive, clearly identified the risk and measures to mitigate its effect. Staff were knowledgeable on all risk interventions in place at the centre, with measures being reviewed regularly to ensure they were the most appropriate and effective response.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control measures had been enhanced in response to the risk of COVID-19 and reflected current public health guidance.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety management was robust in the centre. There was appropriate fire safety equipment, such as fire extinguishers, fire blankets, and a fire alarm system that alerted residents and staff to a fire. Regular fire drills demonstrated residents could be evacuated swiftly in the event of a emergency. All staff were trained in fire safety management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessed needs were supported through comprehensive personal planning arrangements which were kept up-to-date to reflect any changes in need or multi-disciplinary recommendations. Plans were subject to regular review to assess their effectiveness in consultation with residents, their representatives, staff and associated professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour supports plans clearly identified the assessed needs of residents and the supports they required. Furthermore, where restrictive practices were required these were only put in place in the last resort and were the least restrictive option available to meet the resident's needs. Furthermore, staff knowledge on how to support residents was further reinforced by access to regular positive behaviour management training.

Judgment: Compliant

Regulation 8: Protection

Safeguarding arrangements in place at the centre were comprehensive with all staff having received up-to-date training to ensure their knowledge reflected current health and social care practices. There were no safeguarding concerns in the centre at the time of this inspection.

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
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 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant