



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

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:	31 January 2019
Centre ID:	OSV-0005770
Fieldwork ID:	MON-0025177

## 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 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

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
31 January 2019	11:45hrs to 17:15hrs	Conor Dennehy	Lead

## Views of people who use the service

The inspector met all four residents who were living in this designated centre at the time of this inspection. One of the residents did not meaningfully engage with the inspector but appeared calm in their surrounds. The remaining three residents spoke to the inspector.

Two of these residents indicated that they were happy living in the centre and with the support provided by staff. One of these residents showed the inspector their bedroom which they said they liked. This same resident showed off artworks which they had completed and discussed a recent exhibition of their artwork.

The remaining resident spoke in-depth with the inspector and indicated that, while the premises provided was a nice house and staff support was provided, they were unhappy with the move here from the previous designated centre they lived in. In particular the resident indicated that they could not do as much in their current designated centre and wanted a second car provided for the centre.

## Capacity and capability

This inspection found that the provider had made efforts to ensure that residents received a continuity of service having transitioned into this designated centre. This was evident by the consistent staff team provided and the management systems in place to review the quality and safety of care provided.

This designated centre had only been operational since September 2018. Three of the residents currently living in the centre had previously been living together in another designated centre operated by the same registered provider. However, adequate fire safety systems were not in place in the previous designated centre. After enforcement activity by HIQA, the provider closed this centre and opened the current designated centre to enable residents to continue to receive their rehabilitation services and support while availing of improved fire safety systems.

As part of this transition process the provider had ensured that the residents were provided with a continuity of staff support. This was evident from discussion with the person in charge, staff members present and reviewing rosters maintained in the centre. A continuity of staff is important to ensure that professional relationships and a continuity of care are maintained. Residents who spoke with the inspector spoke positively of the support that received from staff members.

Throughout the inspection, staff members present demonstrated a good understanding of the residents, their needs and how to support them. Staff members were provided with a range of training in areas such as first aid, medicines

and safeguarding to ensure that the residents' needs were met. Arrangements were in place for the performance management and formal supervision of staff members. The person in charge was based in the designated centre which also provided opportunities for the supervision of staff practice.

In addition the provider had other systems in place to monitor the service provided. For example, while the designated centre had only been open for four months, a representative of the provider had carried out an unannounced visit to the centre to review the quality and safety of care provided. Issues that were highlighted by this visit were seen to have been acted upon at the time of this inspection. This provided assurance that the registered provider was aware of their responsibilities to provide a quality and safe service.

It was also noted that procedures were in place to respond any complaints made by residents. As part of this information on how to raise complaints was on display in the designated centre while a box for submitting any complaints was also provided. A log of complaints was maintained in the centre which included details of the recorded complaints and the actions taken by the provider in response to these.

### Regulation 15: Staffing

A consistent staff team was in place along with overall adequate staffing arrangements. Planned and actual rosters were maintained in the centre. Staff files were not reviewed during the course of this inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Arrangements were in place to supervise staff while training was provided in a range of areas such as first aid, safeguarding and medicines management.

Judgment: Compliant

### Regulation 23: Governance and management

A clear governance structure was in place in the centre. Systems were in place to monitor the service provided such as medicines audits while the provider had carried out an unannounced visit to the centre. This visit was reflected in a report which included an action plan to respond to any issues identified. Arrangements were also in place to performance manage staff who were working in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

Procedures were in place for the management of complaints. Information on how to make complaints was on display in the centre while a complaints log was also maintained.

Judgment: Compliant

### Quality and safety

This inspection found the provider had made efforts to appropriately support residents whilst present in the centre. Some improvement was required to ensure that all residents' needs were met. For example, fire safety systems required some minor improvement as did the provision of some key training areas.

This designated centre had been set up specifically to provide residents with a premises that included adequate fire safety systems. The premises provided was a two story detached house which included staff facilities, a lounge, a music room, a kitchen, a utility room and bathrooms while each resident had their own bedroom. One resident showed the inspector their bedroom and indicated that they were happy with it. The premises was observed to be in a good state of repair and was presented in a clean and homely manner on the day of inspection.

The fire safety systems that were in place in the premises provided included a fire alarm system, emergency lighting and fire fighting equipment. Such equipment appeared to be in working order on the day of inspection but it was noted that the fire alarm and emergency lighting had not received a quarterly maintenance check since they were installed. Such checks are important to ensure that such fire safety systems continue to be in working order.

Fire containment measures were evident throughout the centre which are important to contain the spread of fire and smoke in the event of a fire taking place. It was noted though some fire doors required review to ensure that they operated fully as intended. For example, it was observed that one such door did not close fully without some force which could reduce its effectiveness. Overall though the inspector was satisfied that appropriate fire safety systems were in place in the premises provided.

To further support this, the provider had also ensured that fire drills were taking place regularly while the fire evacuation procedures were also on display. Records reviewed indicated that the majority of staff had undergone relevant training in the

area of fire safety but that one member of staff had yet to complete this. However, staff members spoken to during this inspection demonstrated a good understanding of what to do in the event of fire.

Prior to the move into the current designated centres, three of the residents had lived together in another designated centre in an urban area. The current designated centre was approximately 15 minutes drive away from the previous centre but was located in a more rural setting. While it was highlighted that this move had impacted on residents' independence levels, it was seen during this inspection that arrangements were in place to meet the needs of these residents. For example, residents had accessible to vehicles while public transport links were also available in a nearby village.

It was also seen that arrangements were in place to regularly review the needs of these residents and the supports to be provided to them through the personal planning process that was in operation. Individual personal plans are important in setting out the needs of the residents and the supports to be provided to meet these needs. The inspector reviewed a sample of these plans and found they were informed by assessments and outlined the supports to be provided for residents to assist them in their rehabilitation from their acquired brain injuries.

Since this designated centre had opened, a fourth resident had moved into the centre. This was intended as a short term measure to provide an environment that was more suited to the resident's mobility needs pending another move of the resident elsewhere. It was acknowledged by the provider that the current centre was not best suited to meet all the needs of this resident. A plan was in place to transition this resident into an alternative care setting. While the inspector was informed that this transition was imminent, it had not yet happened at the time of this inspection.

There were appropriate procedures in place to ensure that residents were protected from all forms of abuse. For example, where required, residents had intimate care plans to guide staff practice in this area while procedures were in place to safeguard residents' finances. It was seen also that the provider had taken action in response to any issues of concern and staff members spoken to during this inspection demonstrated a good understanding of the steps to follow to mitigate against any identified safeguarding concerns. Staff were also provided with relevant safeguarding training.

It was also seen during this inspection that residents were supported to engage in positive behaviour. Residents had behaviour support plans in place providing guidance to staff in this area. Staff members spoken to were generally knowledgeable about how to promote positive behaviour amongst residents but it was seen that some of the behaviour support plans required review to avoid duplication and ensure that clear, concise guidance was available for staff. Training records reviewed indicated that all but two staff had been provided with training in behavioural de-escalation and intervention.



## Regulation 17: Premises

The premises provided was suited and laid out to meet the needs of residents. It was observed to be in a good state of repair and was presented in a clean manner on the day of inspection.

Judgment: Compliant

## Regulation 20: Information for residents

A residents' guide was in place which included all of the required information such as how to access HIQA inspection reports and the arrangements for visits.

Judgment: Compliant

## Regulation 28: Fire precautions

Appropriate fire safety systems were in place including a fire alarm, emergency lighting, fire extinguishers and fire doors. It was observed that some of the fire doors required review to ensure they fully operated as intended while the fire alarm and emergency lighting had yet to receive a quarterly maintenance check. Fire drills were carried out regularly and fire safety training was provided to staff although one staff member had yet to undergo this training.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which outlined their needs and the supports required to provide for these. Such plans were subject to regular reviews which involved the residents. Arrangements were in place to meet the needs of three residents living in this centre at the time of inspection, but one resident was awaiting transition to an alternative care setting which was better suited to meet all of their needs.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Support was given to residents to promote positive behaviour with input available from relevant allied health professionals. It was observed though that some of the behaviour support plans in place required review to ensure that clear and concise guidance was available to staff in this area. Training in de-escalation and intervention was provided but two staff members had yet to undergo this training.

Judgment: Substantially compliant

## Regulation 8: Protection

All staff had been provided with safeguarding training. All staff spoken to were aware of any safeguarding plans that were in place. Intimate care plans to guide staff practice in this area were provided for where required while measures were also in place to safeguard residents' finances.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Oakwood OSV-0005770

Inspection ID: MON-0025177

Date of inspection: 31/01/2019

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:            Service has had an L1 fire alarm installed in the service in October 2018. As part of the ongoing plan to ensure the effectiveness of this fire safety system the fire alarm company will inspect the system quarterly.            First inspection took place 26.2.2019</p> <p>Fire training in the service planned for 6.3.2019. review of fire doors to take place this day.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:            Personal plans in place for all 4 x residents. One resident awaiting transition to nursing home has been assessed for Fair Deal on 12.2.2018. Service has organised for this resident to have a GP appointed locally (up to this point their GP was based in Dublin) whilst they wait for the bed in Nursing home.            OT assessment for this resident to take place on 1.3.2019</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:            Review of all behavioral support plans for all 4 x residents took place at a meeting with full team and clinical support on 13.2.2019.</p> <p>Training for Staff in Behavioral support to take place on 14.3.2019</p>	

## 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 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	26/02/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	06/03/2019
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting	Substantially Compliant	Yellow	06/03/2019

	equipment, fire control techniques and arrangements for the evacuation of residents.			
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	01/04/2019
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	13/02/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	14/03/2019