



# 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:	15 June 2020
Centre ID:	OSV-0004065
Fieldwork ID:	MON-0029526

## 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 complement 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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## 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
Monday 15 June 2020	10:30hrs to 14:00hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

All three residents were at the centre on the day of inspection, but due to their communication needs, they didn't engage directly with the inspector around the care and support they receive.

Upon the inspector's arrival, all three residents were relaxing in the garden, some were playing with a water feature while others were spending time on electronic devices. The inspector did engage briefly with two staff who were on duty and they spoke positively of how all three residents had adapted very well to recent public health guidelines. Activities were now mainly occurring at the centre and staff spoke of some of the newly introduced activities that residents participated in, including, house discos and restaurant role plays. During this time, staff supported residents to maintain contact with their families and friends and spoke of the plans in place to hopefully recommence visits between residents and their families over the coming weeks. Both staff and the person in charge demonstrated very strong knowledge of residents' needs and spoke very respectfully of each resident's individual personalities and preferences.

The centre was found to be homely, had a welcoming atmosphere, was clean and nicely decorated.

## Capacity and capability

The inspector found that this was a well-resourced and well-managed centre that ensured residents received a good quality and safe service. Since the last inspection in June 2018, the provider had made improvements to the systems in place for the oversight and management of restrictive practices, notification of incidents and residents' rights.

The person in charge was responsible for the service and she was frequently present at the centre to meet with staff and residents. She was supported by her line manager and staff team in the running and management of the service. She knew the residents very well and was very aware of their needs and of the operational needs of the service delivered to them. As she was regularly present at the centre, staff were able to raise and discuss any issues arising around the care and welfare of residents frequently with her. She was responsible for one other centre operated by the provider and told the inspector that current governance and management arrangements supported her to have the capacity to also effectively manage this service.

The centre's staffing arrangement was subject to very regular review by the person

in charge, ensuring all residents had access to the number and skill-mix of staff that they required. The inspector had some engagement with staff members who were on duty on the day of inspection and these staff members demonstrated good adherence to social distancing guidelines, use of personal protective equipment (PPE) and spoke very respectfully of the residents who lived at the centre.

The provider had ensured the centre was adequately resourced to provide residents with a good quality of service in areas such as transport, equipment and staffing. Due to public health guidelines, staff and management team meetings were now occurring via teleconference and the person in charge told the inspector that she also met with staff individually as part of her regular visits to the centre. Since the last inspection, in conjunction with six monthly provider-led audits, the person in charge was also conducting a number of additional audits on a very regular basis. However, the inspector found that some of these monitoring systems were extensive in nature and didn't allow for specific areas of improvement to be identified, for example, improvements required to medication management.

Incidents occurring at the centre were under very regular review by the person in charge. All incidents were recorded, responded to and reviewed on a very regular basis. Since the last inspection, the person in charge had ensured the notification of all incidents to the Chief Inspector of Social Services, as required by the regulations.

#### Regulation 14: Persons in charge

The person in charge had strong knowledge of residents' needs and of the operational needs of the service delivered to them. She was present very regularly at the centre to meet with staff and residents. She held responsibility for one other service operated by the provider and told the inspector that the current arrangements gave her the capacity to also effectively manage this service.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured an adequate number and skill-mix of staff was at all times rostered at the centre.

Judgment: Compliant

#### Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage and oversee the delivery of care at this centre. Although the provider was completing six monthly provider-led visits and a range of other audits on a regular basis, some of these were not extensive in nature and didn't allow for specific improvements to be identified, for example, in the area of medication management.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place for the identification, response and monitoring of incidents at the centre. All incidents were reported to the Chief Inspector, as required by the regulations.

Judgment: Compliant

### Quality and safety

The provider had systems in place which provided residents with a very individualised service, that was considerate of their health care, social care and behavioural support needs. Due to the adequacy of resources, residents were provided with a very good quality of life and were supported by staff to choose how they wished to spend their day, in accordance with public health guidelines that were in place at the time of this inspection.

The centre comprised of one two-storey house located on the outskirts of a town in Co.Galway. Residents had their own bedroom, some en-suite facilities, shared bathrooms, large kitchen and conservatory area, sitting room, utility room, staff office and well-maintained rear and front garden space. Since the introduction of public health guidelines, the person in charge spoke of the various changes made to infection control and prevention measures at the centre. Cleaning was now completed on a more regular basis, including additional cleaning of regularly used surfaces. Social distancing, hand hygiene and cough etiquette were regularly practiced by staff and residents. The provider had ensured an adequate supply of PPE was available and that all staff were aware of its appropriate use. In addition, the provider had contingency plans in place, should any outbreak of infection occur and these plans were subject to very regular review.

Where residents had assessed communication needs, the provider had ensured that these residents were supported by staff to express their wishes. Many residents had limited verbal skills and the person in charge told the inspector of the various ways that these residents liked to communicate through gestures and sign language. The

person in charge had ensured consistency in the centre's staffing arrangement, which meant that residents were always supported by staff who understood them and were very familiar with their preferred communication style. Likewise, where residents required behavioural support, effective interventions were in place to guide staff on how best to support these residents. At the time of inspection, the provider was recording all behaviour-related occurrences, which had a positive impact on ensuring current behavioural management interventions were effective for these residents.

Since the last inspection, the provider had significantly improved the overall oversight and management of restrictive practices at the centre. The person in charge maintained a log of all restrictions, which enhanced regular oversight of their use, assessment and application. The provider had also ensured all residents had access to a wide range of allied health care professionals, as and when required. Some residents at the centre required specific support with regards to their neurological needs and the person in charge was very knowledgeable of the specific care that these residents required. However, improvement was required to associated emergency protocols to ensure these provided clarity on how staff were to respond, should the administration of emergency medicines be required for these residents.

The management of risk at this centre was supported through the organisations' risk management system, ensuring all risks were identified, assessed, responded to and monitored. The provider had timely and effective measures in place to identify risk, including, on-going review of residents' needs, regular discussions with staff and through the centre's incident report system. However, the assessment of risk required some improvement to ensure risk assessments provided clarity around hazard identification, to ensure the specific risk being mitigated against was clearly identified.

Medication management was supported by the centre's medication policy and was available to staff to refer to, as and when required. However, the inspector observed some improvement was required to prescribing practices at the centre, to ensure the maximum administration dose of all medicines was clearly documented on prescription records, particularly with regards to emergency medicines.

A clear fire procedure for the centre was readily available, guiding staff on how to respond in the event of fire at the centre. Regular fire drills were occurring at the centre and a sample of records reviewed by the inspector, demonstrated all staff and residents could evacuate the centre in a timely manner. Due to the nature of this respite and residential service, the person in charge had also implemented a schedule to ensure all residents who availed of respite regularly participated in these fire drills.

## Regulation 10: Communication

Where residents presented with communication needs, the provider had ensured

these residents received the care and support they required to express their wishes. Documentation was available to staff in order to guide them on how to effectively communicate with residents with limited verbal skills.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place for the identification, response and monitoring of risk at this centre. All risks were subject to very regular review by the person in charge and regularly discussed with staff at team meetings. Although the provider had responded effectively to risk, some improvement was required to the assessment of risk to ensure clear hazard identification, for example, in areas such as restraint management and fire safety and prevention.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Since the introduction of public safety guidelines, the provider had revised the centre's infection control procedures. Cleaning protocols were reviewed to incorporate increased cleaning of the centre and social distancing, good hand hygiene and cough etiquette was adhered to by all staff. The provider also had contingency plans in place, should an outbreak of infection occur at the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured clear procedures were in place to guide staff on how to effectively respond to fire at the centre and effectively evacuate all residents. Regular fire drills were occurring and a system was in place to ensure all residents who availed of respite at this service were regularly involved in these drills.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Although the provider had procedures in place to support staff on the safe administration of medicines at the centre, some improvement was required to ensure the maximum administration dose of all medicines was clearly documented on prescription records, particularly in the area of emergency medicines.

Judgment: Substantially compliant

### Regulation 6: Health care

The provider had ensured that where residents presented with assessed health care needs, that they received the care and support that they required. However, some improvement was required to the emergency protocols in place for residents with neurological needs, to ensure these provided clarity on how staff were to respond, should the administration of emergency medicines be required

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Since the last inspection, the provider had made improvements to the system in place for the management of restrictive practices at this centre. Clear oversight of all identified restraints, frequency of use and review was effectively monitored by the person in charge. Where residents required behaviour support, clear plans were in place to guide staff on how best to support these residents.

Judgment: Compliant

### Regulation 8: Protection

There were no safeguarding concerns at this centre at the time of inspection. The provider had ensured all staff had received up-to-date training in safeguarding.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Oak Services OSV-0004065

Inspection ID: MON-0029526

Date of inspection: 15/06/2020

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Internal auditing systems will be reviewed by Person in Charge and Person Participating in Management to ensure they are robust and more focused to identify specific improvements required.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A review of the current risk register is being undertaken by the Person in Charge to ensure clear hazard identification is in place. Residents individual risk assessments will be reviewed to ensure any hazards are clearly identified and control measures are in place.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and</p>	

pharmaceutical services:

Medication Kardex in relation to emergency medications has been reviewed with the pharmacist to ensure they clearly state the maximum dose prescribed in all cases.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

Emergency protocols in relation to the administration of rescue medication has been reviewed by the Person in Charge to provide more clarity on how staff respond in the event of having to administer rescue medications. This will also be reviewed and signed off by the Consultant Neurologist.

## 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	15/07/2020
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	31/07/2020
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre	Substantially Compliant	Yellow	30/06/2020

	has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	15/07/2020