



Office of the Chief Inspector

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

Name of designated centre:	Oak Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	18 September 2019
Centre ID:	OSV-0004466
Fieldwork ID:	MON-0026644

About the designated centre

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

Oak Services comprises of one house in in County Roscommon and an application has been submitted to increase the size of the centre with an additional house nearby. The current house is a respite centre providing services to both male and female adults with disabilities over the age of 18. The other proposed house is to provide a full-time residential specialist service for one male adult with autism. The respite service is offered to six people who use the facilities on a shared basis on predetermined weekdays and weekends throughout the month. It can provide accommodation for up to four people at any given time. It comprises of one large, single-storey house, which is located within walking distance to a local town town, where public transport links such as trains, taxis and buses are available. The centre also provides transport for residents to access their local community during stays in the service. Each resident has their own bedroom for the duration of their stay and two medium-sized, shared bathrooms are available for residents to use. The centre has a medium-sized kitchen and a separate sitting room which was comfortably furnished. A social care model of support is offered in this centre, where there is a full-time person in charge managing a team of social care workers and health care assistants. One staff member supports up to four residents at any one time during the day and evenings with additional supports hours offered on set days during the week as required in the respite house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
18 September 2019	10:00hrs to 14:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector did not meet with any residents as part of this inspection as there were only two availing of respite services (who were at their day service placements during the course of this inspection) and one had yet to move in.

The inspector observed that while on respite breaks each resident had their own private bedroom and systems were in place to ensure they were supported to engage in activities of their choosing and liking. However, some modernisation and refurbishment was required in the respite house. The other house that was proposed to become part of this centre was a modern and spacious dwelling based in a rural setting with large front and rear gardens. One resident was waiting to move into this house at the time of this inspection.

Capacity and capability

This inspection was facilitated to monitor on-going compliance of the centre and to assess the suitability of a new building the provider acquired and wished to register as part of the service. The new building was to provide specialist care and support to one resident with significant and complex needs. This inspection found that systems were in place to meet the assessed needs of the residents and this was reflected in the good levels of compliance found across the regulations assessed as part of this inspection process. While the issues from the last inspection regarding non-compliance with Regulation 28: Fire Safety had been addressed, this inspection found that the existing house which comprised this centre required painting, updating and modernisation.

The centre had a management structure in place which was responsive to residents' needs and feedback. This management structure consisted of an experienced person in charge who worked on a full time basis in the organisation and was aware of her remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector was also informed that on the renewal of registration of this centre she would be supported in her role by a full time and experienced team leader.

The person in charge was a qualified professional and provided good leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met as required by the Regulations. She also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred, responsive and effective service to the

residents. It was also observed that in the proposed additional house that was to form part of this designated centre, a team of social care workers were to be deployed to provide a specialist service to one resident with complex and significant needs. These professionals had already worked with the resident in the past and were very familiar with their assessed and complex needs.

Of the staff spoken with (the person in charge and team leader for the specialist service) the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. From viewing a small sample of files the inspector observed that staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, children's first, fire safety training, manual/patient handling, safe administration of medication and positive behavioural support. This meant they had the required skills to support the residents in a competent and consistent manner.

The person in charge had systems in place to ensure the service was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available and any adverse incident occurring was recorded, reported and responded to. For example, some minor errors had been made in 2019 with regard to the recoding of some medications. These issues were recorded, reported and responded to by the person in charge. The person in charge then spoke with the staff team about these issues so as to mitigate the risk of such errors occurring again in the future.

Residents were involved in the running of the centre and they chose what social activities to engage in while on their respite breaks and agreed menus between them. There were also systems in place (in the proposed new house that was to form part of this centre) for the resident to be involved in all aspects of the running of their home to include decorating and personalising it.

Overall, from speaking directly with management and staff during the course of this inspection and from reviewing a sample of documentation, the inspector was assured that the service would and was being managed effectively so as to meet the assessed needs of the current residents and the resident waiting to move in.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection a complete application for the registration of the centre had been received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified social care professional and was aware of her remit to the regulations. She has systems in place to ensure oversight of both houses that comprised this centre.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff arrangements and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication, Positive Behavioural Support, Fire Safety and Children's First.

Judgment: Compliant

Regulation 19: Directory of residents

The provider has established a directory of residents in the designated centre

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that all documents relating to insurance for the centre were made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre. The person in charge worked in the centre and there were systems in place, such as audits, staff supervision, availability of operational policies and management meetings, to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the management team.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted notifications to the chief inspector as required.

Judgment: Compliant

Quality and safety

Residents were supported to have relaxed breaks based on their preferences and wishes while on respite breaks in this centre and there were systems in place to ensure that the quality and safety of care provided was being monitored so as to support and their health, emotional and social care needs. It was also observed that systems would be in place in the proposed new house that comprised this centre to ensure the assessed and complex needs of the one resident would be met.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and avail of social outings and activities of interest based on their expressed will and preference. Residents were also supported with their health care needs where required. Access to GP and other

allied healthcare professional services was provided for and care plans were on file so to support residents with conditions such as asthma. This meant staff had guidance and support in meeting the assessed healthcare needs of the residents.

Comprehensive care plans were also in development for the new resident proposed to move in to the service. The inspector saw that this resident has access to psychiatry support and a team of behavioural support specialists. A positive behavioural support plan was also in place so as to support the resident in experiencing best possible mental health. It was also observed that staff had training in positive behavioural support techniques so as they had the skills required to support all resident in a professional and calm manner if or when required.

There were no safeguarding issues of concern in the respite house that comprised this centre however, the new house was proposed to support a resident who required a specialist service. In order to ensure the well-being and safeguarding of this resident, they would be supported on a 2:1 staffing ratio at all times. The person in charge assured the inspector that all staff working with this individual had training in safeguarding of vulnerable adults, children's first training and positive behavioural support). The house would also be supported by a very experienced team leader (who had worked with the resident for a number of years and was very familiar with their assessed needs) and also had input and support from an number of allied healthcare professionals.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, the new resident due to move into the centre presented with some behaviours of concern. In order to support this resident safely, they were provided with additional staff support on a 24/7 basis. The person in charge had also ensured that the resident waiting to move into the centre was receiving on-going support during the transition from their current service and all relevant information on the care and support the resident required was available. It was also observed that the timing of the transition would be determined by the resident.

Appropriate arrangements were in place for fire safety. There were systems in place to ensure all fire fighting equipment was serviced annually. A sample of documentation informed the inspector that staff undertook as required checks on all fire fighting equipment and where required, reported any issues or faults. All fire fighting equipment was serviced as required and fire drills were facilitated quarterly (or sooner if required). From a small sample of files viewed, the inspector observed that staff had training in fire safety. The last two fire drills informed that there were no issues in evacuating the house during the drill and each resident had an emergency evacuation plan on file. An issue pertaining to fire doors as found in the last inspection has been addressed. There were also systems in place in the new proposed house to ensure that appropriate fire arrangements were provided for.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. Any staff member who administered medication were trained to do so. There were also systems in place to record, report and respond to any drug errors occurring in the

centre.

It was observed that parts of the premises (pertaining to the existing respite house) required updating, painting and refurbishment however, the proposed new house that was to comprise this centre was clean, modern and well maintained.

Overall, this inspection found that there were systems in place to support the residents in a safe environment and to meet their assessed needs.

Regulation 17: Premises

Parts of the premises in the existing respite house that comprised this centre required updating and refurbishment.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that the resident waiting to move into the centre was receiving on-going support during the transition from their current service and all relevant information on the care and support the resident required was available.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate systems in place to support the overall health and safety of residents.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting.

Since the last inspection fire doors had also been installed in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication procedures were satisfactory and safe.

Practices on the areas such of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to use their local community and engage in social activities of their preference and choosing while on their respite breaks in the centre.

Systems were also in place to ensure the needs of the resident waiting to move in would be supported.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that residents health needs were being provided for with appropriate input from allied healthcare professionals as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents

had access to psychiatry support, a team of behavioural support specialists and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis

The new house that was to form part of this service would have some restrictive practices in place however, the person in charge assured the inspector that they would be kept under regular review.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard the residents. All staff had training in safeguarding of vulnerable adults and children's first training and any adverse incident occurring in the centre was responded to appropriately.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	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

Compliance Plan for Oak Services OSV-0004466

Inspection ID: MON-0026644

Date of inspection: 18/09/2019

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The residential setting is accessible and promotes the privacy, dignity and welfare of each person using the centre, a modernization of the building will be undertaken.</p> <p>From 15/10/2019 to 15/02/2020 the following upgrading will take place within the centre:</p> <ul style="list-style-type: none"> • All areas will be painted. • Furniture will be upgraded • Bathroom (1) will have a replacement suite fitted. <p>From 15/02/2020 to 30/06/2020 additional upgrading will take place:</p> <ul style="list-style-type: none"> • Upgrade of kitchen. • Broken tiles repaired. 	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/06/2020