



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

## Issued by the Chief Inspector

Name of designated centre:	Oakridge
Name of provider:	St Aidans Services
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	16 January 2025
Centre ID:	OSV-0001853
Fieldwork ID:	MON-0037345

## About the designated centre

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

Oakridge is residential designated centre. The premises is a two-storey building located in a busy town in Co.Wexford. The service is provided for male and female with intellectual disabilities, autism and mental health issues. The centre is based in a semi-independent environment with the emphasis on the development of life skills and ultimately to live in independent accommodation if they so wish. Staff support is available at all times and nursing oversight is available as needed from within the broader organisation. Local amenities included shops, cafés, sports clubs, parks and pubs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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 (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 16 January 2025	10:00hrs to 17:15hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This was an announced inspection completed to assess the provider's regulatory compliance and to inform a recommendation for renewal of the centre registration. The findings of the inspection were positive, with all Regulations reviewed found to be compliant. The inspector found that the provider was aware of areas where improvements were required, particularly following completion of their internal audits and there were systems in place that addressed any actions identified as required.

From what the residents and staff told the inspector and based on what the inspector observed, this was a well run centre and residents were in receipt of good quality care and support. In Oakridge care and support is provided for up to a maximum of four adults both male and female, with the centre currently at full capacity. There are four residents living in the centre and the inspector had the opportunity to meet with three of them during the inspection.

The centre comprises one detached house in a residential area close to the centre of a large town in Co. Wexford. The house has a communal sitting room, kitchen-dining room, utility room, bathroom and staff office on the ground floor. Upstairs there are four bedrooms one of which is en-suite and there is an additional shared bathroom. The house was clean, warm, well maintained and decorated. Communal areas were bright and colourful and contained soft furnishings, photos and art work. Residents' bedrooms were personalised to suit their tastes and they had their favourite items and belongings on display. These included items such as posters of their favourite sports teams or music groups, jewellery, electronic play equipment, televisions, radios, computers and family photos.

The inspector met with three residents in the afternoon following their return from day services. All three joined the inspector at the kitchen table for a conversation. At different times residents left the table and went to make themselves a cup of tea and snack or went to speak to staff. The fourth resident was not scheduled to return until much later however, they had briefly spoken with the person in charge and inspector via telephone to explain that they were happy the inspector was in their home. They stated that they did not have questions. All of the residents in this centre are verbal and told the inspector what it was like to live in their home and how they spent their time. The inspector also used observations, discussions with staff and a review of documentation to capture some detail on the lived experience of residents. Residents told the inspector that they were very happy in their home and living with each other, explaining that they were friends. One resident explained that they had an important birthday that year and were planning a party and all their friends/housemates were involved. Residents spoke of activities they enjoyed doing with one talking about the aqua-aerobics class they were to attend that evening and others talking about the karaoke night in the local pub that they enjoyed going to. One resident arrived to the centre from day service and wanted to speak to a staff member about something that had happened with a friend earlier. The staff

demonstrated an awareness of the resident's right to talk in private and were skilled in interacting in a calm manner.

One resident had a part time job and the staff spoke of how important that was for them and spoke of the independence skills they had supported the resident in achieving. Another resident spoke of how they had engaged in job coaching and were hoping to begin work schemes or to expand on their skills while they looked for work. Residents were supported to plan for and take holidays, to go on day trips or engage in activities that were important to them. Residents spoke of feeling safe and named staff they could talk to if they were worried or not happy.

Since the last inspection significant supports had been put in place for one resident who had found sharing time when using household appliances difficult. This had previously resulted in some peer to peer safeguarding incidents and in a restrictive practice being put in place. On this inspection following implementation of a positive behaviour support plan and the consistent positive approaches of the staff team there were no restrictive practices in place in the centre and safeguarding incidents had reduced with no current safeguarding plans in place. Residents spoke of the positive and happy atmosphere in their home and how their rights were upheld. They gave examples of how they spoke up for their friends and each other at times.

The inspector found that the registered provider was capturing the opinions of residents and their representatives on the quality and safety of care and support in the centre in their six-monthly and their annual reviews. Resident meetings known as 'speak-up' meetings, were occurring regularly and there were pictures on display in the house in relation to complaints, the availability of independent advocacy services, infection prevention and control (IPC), fire safety, charter of rights and safeguarding and protection. There were folders with a number of easy-to-read documents and there were boards in the kitchen with pictures of activity choices and resident rights information.

As this inspection was announced residents had been sent questionnaires to complete in advance if they wished called 'Tell us what it is like to live in your home'. The inspector received four questionnaires for review all of which had been completed by the residents with two residents requiring some staff support to complete the form. Two residents had left their phone numbers for the inspector to reach them for a conversation in case they did not make it home before the inspection was complete. One of these questionnaires contained a question regarding "why HIQA visited their home". The inspector spoke to the three residents about this while in the centre and answered as many queries and questions that the residents asked. Residents were overall very positive in their responses about their home and the staff team that supported them. Two individuals spoke of the decoration and painting they had completed to personalise their rooms.

In summary, residents were busy and had things to look forward to. They lived in a clean, warm and comfortable home. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required. The provider was implementing the actions to bring about the required

improvements.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

This announced inspection was completed to inform a decision on the renewal of registration for this designated centre. Overall, the findings of this inspection were that residents were in receipt of a good quality of care and support. The provider was identifying areas of good practice and areas where improvements were required.

There were clearly defined management structures and the staff who spoke with the inspector were aware of the lines of authority and accountability. The person in charge had a team leader in place in this centre to support them in providing supervision and support to the staff team and in completion of internal audits. The person in charge received support and supervision from the residential manager who held the position of person participating in management of this centre. There was an on-call manager system available to residents and staff 24/7.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had completed a complete application to renew the registration of this designated centre and this had been fully reviewed by the inspector in advance of the inspection.

Judgment: Compliant

## Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role. The centre was assessed as requiring five whole time

equivalent (WTE) staff to provide care and support for residents' assessed needs. On the day of inspection the centre had four WTE staff on the staff team and one WTE vacancy. This vacant post was covered within the existing staff team for the most part, although members of the provider's day service also covered at times when required. This ensured consistency of care and support was maintained for residents. When there was leave or unexpected absence the provider used agency staff however, this was infrequent and only familiar agency staff were used. A recruitment process was ongoing.

The inspector reviewed staff rosters and staff schedules for the month of January 2025 and from December 2024. These were found to be well maintained and clearly outlined which staff were on duty. These demonstrated the presence of a core and familiar staff team providing continuity of care and support for residents.

The inspector reviewed the staff files for the four staff in the centre and found them to contain all information as required by Schedule 2. The inspector spoke with a member of the provider's HR department and they outlined that the structure for day service staff files was as per residential staff and they also had clear systems in place for the management of information for agency staff used on the roster.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector reviewed the staff training matrix for all staff in the centre and also reviewed two staff training files. Each staff had completed training listed as mandatory in the provider's policy including, fire safety, safeguarding, manual handling, and some infection prevention and control related trainings, and managing behaviour that is challenging. In addition, staff had also completed additional trainings in line with residents' assessed needs. All staff had completed training on applying a human rights-based approach in health and social care. The person in charge and staff team had also completed training related to the Assisted Decision Making (Capacity) Act 2015.

The inspector reviewed supervision records for four staff. The agenda for each was resident focused and varied. From the sample reviewed, discussions were held in relation to areas such as roles and responsibilities, residents' rights and support needs, safeguarding residents, positive behaviour support, health and safety, staff workload, team dynamics, incidents and accidents, resilience, well-being and training and development.

Staff meetings were held monthly and the minutes of meetings between August and December 2024 were reviewed by the inspector. The agenda items were found to be resident focused and varied. Examples of agenda items included, food safety, safeguarding, incident review and learning, residents' support needs and goals,



complaints and compliments, risk, health and safety, maintenance, vehicles and fire safety.

Judgment: Compliant

### Regulation 23: Governance and management

From a review of the statement of purpose, the minutes of management and staff meetings for five months in 2024, and through discussions with staff, there were clearly defined management structures and lines of authority and accountability amongst the team. The person in charge was also supported by the procedures of oversight and support in place from other of the provider's departments such as health and safety or finance. In addition the person in charge or person participating in management were involved in a number of the provider's committees such as, restrictive practice, quality review, infection prevention and control or behaviour support committees.

The provider's last two six-monthly unannounced reviews and the last annual review were reviewed by the inspector. The annual review available was for 2023 with the 2024 report currently being prepared, however, this was supported by the provider's completion of bi-annual reviews which are then amalgamated into the overall annual report. The inspector reviewed the 2023 report and the January - June 2024 report. These reports were detailed in nature and focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required. The action plans for these reports showed that the required actions were being completed in line with the identified time frames.

Area-specific audits in areas such as medicines, care planning, infection prevention and control, transport and food safety, from October 2024 to the current date were reviewed by the inspector and the action plans from these audits showed that they were leading to improvements in relation to residents' care and support and their homes. Some of the area specific audits were delegated to specific team members and there were staff 'champions' in areas such as infection prevention and control or fire safety.

The person participating in management for the centre meets with all persons in charge under their remit at least monthly and there was evidence of shared learning and a specific focus on areas for professional improvement.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had developed a complaints policy which was available in the centre for residents. The complaints procedures were outlined in the statement of purpose and residents guide and there was an easy-to-read document on managing and responding to complaints available in the centre. There was a nominated complaints officer and their picture was available and on display in the centre.

The inspector spoke with some residents who told them what they would do if they had any worries or concerns. The complaints process was discussed regularly in the sample of resident's meetings reviewed for a four month period.

There was a a complaints and compliments folder and a log was maintained in the centre. No complaints had been submitted in 2024 or so far in 2025 however, a number of compliments were recorded.

Judgment: Compliant

## Quality and safety

Overall a good quality service was provided for all residents and during the inspection, the inspector observed them indicating their choices to staff around what they wanted to do, and when they required their support. The inspector observed residents' right to privacy being upheld by staff ensuring that they were given time and space to be alone or to meet with staff, if they wished to. The staff team had completed training in a human-rights based approach to health and social care.

The inspector found that residents were supported and encouraged to take part in the day-to-day running of their home and in activities they find meaningful both at home and in their local community. Residents were making decisions about how and where they wished to spend their time. They were supported to develop and maintain friendships and to spend time with their families and friends.

## Regulation 12: Personal possessions

The provider had policies and procedures in place that provided clear guidance for staff on the management of resident finances. These were found to be clearly

implemented for residents. The provider had completed substantial work since the last inspection regarding their oversight systems and these were found to be in place with checks in place to ensure that all residents were protected and supported in access to their finances.

The inspector reviewed the systems in place to monitor and manage each residents finances. Clear assessments had been completed to assess levels of support that individuals may require. Some improvement in formalising how the provider safeguarding those residents who were independent had been identified as required and the provider was proactive in their approach. Residents were encouraged to make sensible decisions regarding spending and budget management and the person in charge showed various examples of where this had occurred.

Judgment: Compliant

### Regulation 17: Premises

The inspector completed a walk about the premises with the person in charge and residents were telephoned as they had requested to let them know that the inspector was looking around their home. The house was found to be clean and laid out to specifically meet the needs of residents living there. The provider had ensured that the premises was well-maintained. A number of improvements had been made since the last inspection such as the painting in a number of areas.

Each resident had their own bedroom which was decorated in line with their preferences. There were a number of communal spaces where they could spend their time. Residents told the inspector that they had chosen the decoration or had painted areas of their own bedrooms.

There was a centralised online maintenance system which tracked when maintenance requests were submitted and when any follow-ups were completed.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents could choose to prepare meals and snacks in their home. For example, one of the residents were observed preparing a drink and snack for themselves in the afternoon. Staff outlined to the inspector how they managed meal planning guided by the residents and how this was done frequently over the week rather than plan the full week in advance. One resident told an inspector that the staff on duty were good cooks and other residents spoke of their favourite meals and what they

liked to eat or make.

The inspector found that food presses, fridges and freezers were well stocked. There was fresh fruit and vegetables and a variety of drinks and snacks available. The date of opening and use by dates were clearly labelled on food items in the fridge.

Residents who required the support of a dietician or speech and language therapists were supported to access these services. The inspector spoke with two staff about the interventions that relate to food and nutrition in residents' personal plans and they were aware of what was recorded in residents' plans.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk assessments pertaining to the centre and individual residents were reviewed as stated to ensure that they were reflective of the current risks in the centre. In addition the reviews ensured that appropriate control measures were in place. For example, the risk of staying alone in the centre was reviewed alongside for example, a risk of fire evacuation with a review of incidents and the risk rating increased or reduced on the register as indicated.

The inspector acknowledges a positive and comprehensive approach to managing risk in the centre. For instance following the recent reduction in restrictive practices and in the number of safeguarding incidents, the risk assessments in relation to use of the dishwasher or peer to peer interaction had also been reviewed and the levels of risk amended and control measures adapted. This provided assurance that risk assessments were viewed as live documents and reflective of the current position for residents in the centre.

All individual risk ratings reviewed by the inspector reflected the current risks for residents. For example, one resident had risks associated with stoma care following a recent surgical procedure, risks for the individual in self management were rated and reviewed in line with health reviews and personal care plans. This demonstrated robust systems of ensuring that all information available to guide staff was connected and up -to -date.

Judgment: Compliant

### Regulation 28: Fire precautions

Each resident had a detailed personal emergency evacuation plan which clearly outlined the support they require to safely evacuate in the event of an emergency. Each evacuation plan had last been reviewed and updated on 04 January 2025. These were also supported by associated fire safety risk assessments and a centre emergency evacuation plan. The inspector reviewed records which demonstrated staff completing daily visual inspections of fire escape routes, weekly checks of emergency lighting and fire alarm systems.

All staff had completed the mandatory fire safety training. All fire drills were completed in line with the providers policy. Documentation of drills from both the centre and the vehicle were identifying whether actions were required or documented where any residents refused to leave promptly for instance, these were highlighted to management and action taken to resolve any concerns.

The fire safety equipment such as the alarm, emergency lighting and fire fighting equipment had all been serviced and maintained in line with regulatory requirement.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that there were effective systems developed in relation to the receipt of regular medicines and the corresponding prescription (kardex) for each of the residents. In addition effective systems were in place regarding the storage, administration and return of regular medications. The staff who spoke to the inspector were very knowledgeable regarding the systems in place.

The systems and recording for medicines prescribed to be 'given as required' (PRN) were clear and detailed. Protocols were in place for the use of 'as required' medications. These gave accurate information on the the maximum dosage.

Where a resident self-administered medicines following assessment then directions for staff were clearly available. The storage of medicines for one resident required organisation but did meet the requirements of the provider's policy. The practice of dating of medicines on opening was adhered to, in a sample reviewed on the inspection day, one medicine had been recently opened and had been dated when opened.

Daily checks were completed on both stock levels and on the administration records and any errors identified were immediately acted on. The person in charge completed regular spot checks and audits on staff practice and on medicines present in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector found through the review of documentation for residents and discussions with three residents, that there were detailed assessments of need and personal plans in place. Residents' health and social care needs were assessed and their strengths and talents were identified and celebrated. The language used in residents' assessments and plans were found to be person first and to positively describe the contribution residents make in their home and their local community.

In each of the four residents' plans reviewed, their goals included places they would like to go, life skills they would like to develop and areas where they would like to build their independence. Residents spoke of their involvement in the development and review of their personal plan. The four residents had an annual review of their personal plan completed.

Care plans were created and reviewed regularly. They captured the changing needs of the residents and gave clear directions on how to support them best in line with their wishes and preferences. The person in charge and staff team completed regular audits and reviews of plans to ensure they were current and reflective of the individuals living in the centre. Care plan audits for four residents plans were reviewed and these were identifying areas of good practice and areas where further work was required.

Judgment: Compliant

### Regulation 6: Health care

Overall, residents were well supported in relation to their health needs. They had access to the support of relevant health and social care professionals in addition to specialist medical professionals in line with their needs.

On review of two of the residents' files it was found that they had attended among others, General Practitioners (GPs), dental, speech and language therapy, and dietitian appointments in the last 12 months. In addition residents had specialist medical intervention for example for bowel and stoma care. Staff were knowledgeable in relation to their care and support needs. Where one resident had for example, had surgery, there had been clear social stories and documented discussions with the resident around the process of being in hospital and their

recovery in a different environment for a period of time. The staff had clear stoma management plans and post procedure information ensuring they could provide the resident with the best possible care and support as part of their recovery.

Documentation was reflective of residents' current health needs and guided staff in providing support to them. For example, residents who required support in relation to their eating drinking and swallowing had personal care plans in place.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents who required it, had access to a behaviour specialist. Stress management plans and positive behaviour support plans were currently being developed and scheduled for regular updates. The inspector reviewed one resident's plans. They were found to be very clear and concise. They set out residents' communication styles and approaches that best supported them.

The inspector found that the staff who spoke with them were knowledgeable in relation to the proactive and reactive strategies detailed in the resident's positive behaviour support plans.

There were no physical and environmental restrictive practices in use in the centre. Those previously in place had been reviewed by the provider's committee and had been withdrawn following detailed review and phasing out of practices. This provided positive assurance that restrictions were not in place unnecessarily. There was an easy-to-read document available for residents on human rights and the use of restrictive practices.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall the service was striving to provide residents with choice and control across service provisions. Residents were observed responding positively to how staff respected their wishes and communicated with them. They were offered choices in a manner that was accessible for them and were consulted at all times on matters that related to them.

The provider ensured that residents were facilitated in participating in aspects of the running of the designated centre through resident meetings and key worker sessions, residents were supported to clean their rooms or engage in food shopping

or cooking for example. Inspectors observed how residents were involved in their personal plans and were supported to sign off on or verbally agree on their own documents.

Residents were supported to be aware of their rights and had access to easy-to-read documents or information as well as regular conversations on these. Residents were supported to continue their education or to participate in training courses and the inspector reviewed a number of certificates on display. In addition some residents had jobs or participated in volunteer roles in their community.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 9: Residents' rights	Compliant