Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Oakvale
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	11 January 2023
Centre ID:	OSV-0002463
Fieldwork ID:	MON-0034352

About the designated centre

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

Oakvale provides high support residential care for up to 28 adults with an intellectual disability and/or autism and acquired brain injury. Oakvale is comprised of five separate bungalows located in a campus setting in County Cork. All 5 bungalows are joined by a link corridor. Two of the bungalows have five bedrooms while three of the bungalows have six bedrooms. Within each bungalow there is a kitchen/dining room, sitting room, bedrooms and bathrooms. All bedrooms are single occupancy rooms. Oakvale is the residents' home and is open twenty four hours a day, 7 days a week. Residents are supported through a medical model of care. The staff team is comprised of nurses and health care assistants who provide support to residents by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26

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 (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
Wednesday 11 January 2023	10:15hrs to 20:00hrs	Deirdre Duggan	Lead
Wednesday 11 January 2023	10:15hrs to 20:00hrs	Kerrie O'Halloran	Support

What residents told us and what inspectors observed

Inspectors saw that, although residents were safe and supported well with their day-to-day needs, some improvements were required to ensure that residents were receiving a person-centred high quality service.

Oakvale comprises five separate bungalows all linked with a corridor, located in a campus setting in county Cork. Three of the bungalows have six bedrooms while two of the bungalows have 5 bedrooms. Each bungalow had a kitchen, dining room, sitting room, bedrooms and bathrooms. All residents had their own bedroom. Residents' bedrooms were personalised and efforts had been made to personalise the individual units living areas. For example, one unit had a number of seascape paintings on display in the dining room that contributed to a relaxed and peaceful environment. In another unit, an aroma diffuser was placed in the hallway and an electric flame fireplace provided a homely feel to the communal sitting room area.

This was an unannounced inspection. Due to infection prevention and control considerations, inspectors announced this inspection by phone call to the person in charge shortly before arriving to the centre. On arrival the inspectors met the person in charge and were introduced to the clinical nurse manager 1 (CNM1). The inspectors visited four units of the designated centre, inspectors visited two units each. The inspectors were introduced to and spoke with residents in their homes, while adhering to public health guidelines and wearing personal protective equipment (PPE). Inspectors met 19 residents in total throughout the day of the inspection. Inspectors noted that the residents were well supported by staff and staff interactions were respectful, taking into account the individual care needs of residents. The inspectors observed that there was sufficient staffing on duty to provide supports to the residents, these staff had a good understanding of the individual preferences of each resident and it was observed that residents felt comfortable with the staff that supported them.

The most recent annual review for this centre included consultation with residents and their family members about their satisfaction with the centre. Overall, the feedback contained in this was positive. One former resident had expressed during this consultation that they were unhappy with their placement in the centre and there had been significant input with them regarding this, including input from a number of allied health professionals and a case conference. Family members were indicated to be happy with the service provided to their relatives, although it was noted that some of the improvements that family members requested including access to video calls and access to more varied activities.

While residents did not all communicate verbally, they indicated through some words, gestures, vocalisations and expressions their satisfaction with the service. An inspector observed one resident in the afternoon listening to music with staff and it was a clearly positive experience for the resident who interacted with the staff throughout. It was later observed by an inspector that the staff supported residents

with a choice of supper. The inspector spoke to another resident in the evening about their day, what they liked to do and whether they were happy in the centre. The resident expressed verbally and through expressions that they were happy in the centre.

One resident, who had transitioned to the centre in the previous year spoke with an inspector and told them that they liked their home and that the staff in the centre were good to them. This resident expressed a preference to return to their family home, but expressed to the inspector that this was not due to any issue they had with the centre itself. Another resident told the inspector that they liked spending time in the quiet room of their unit, and it was seen that this room had been personalised to the tastes of this resident. Some residents told an inspector about the activities they enjoyed in the centre. One resident showed the inspector their room and some craftwork they had produced and another was observed enjoying an activity in the centre provided by an external practitioner. A resident was observed getting ready to go for a walk with staff and staff told the inspector that this resident went walking at least once a day, weather permitting. This was reflected in this individuals' personal plan and support plans.

Residents were seen to be nicely presented on the day of the inspection and some residents were observed being supported by staff to attend to their personal grooming. Residents were seen to be comfortable to move about their own home. Where some residents required assistance mobilising, inspectors observed that appropriate supports offered to ensure that residents had an opportunity to move around the centre and spend time in different areas of the centre throughout the day.

Inspectors observed that there was a difference between some units in the level of activation that was offered to residents. While in one unit some residents were seen to be busy and regularly taking part in activities, including external community based activities, in another unit residents were observed to spend large amounts of time in their bedrooms or communal areas of the unit watching television or observing staff attend to their duties.

Residents' personal care and support needs were observed to be well met during this inspection. Residents were seen enjoying hot food prepared in the on-campus kitchen and weekly menus indicated that choice was offered on a daily basis and that a variety of foods and snacks were provided. Supper was prepared on-site in the individual bungalows kitchens and recently some residents were participating in cookery as a planned activity on some evenings.

The next two sections of the report present the finding of the 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 delivered.

Capacity and capability

This inspection found that the management and staff team in place in the centre were familiar with the residents and their support needs. There was a clear management structure present and overall there was evidence that the management of this centre were maintaining oversight. Some non compliance with the regulations remained and this continued to impact on residents.

Previous inspections of this centre had identified that residents were not being provided with opportunities for meaningful occupation. Management spoken to on the day of this inspection indicated ongoing commitment to ensuring that the centre would come into compliance with this regulation. This inspection showed that some improvements had occurred, including the appointment of activation staff. However, these measures had not been sufficient to ensure that all residents were consistently afforded opportunities to participate in activities in accordance with their interests, capacities and developmental needs. This will be discussed further in the next section of this report.

The person in charge was present on the day of this inspection and was found to be suitably experienced and qualified for the role, with a good understanding of their regulatory responsibilities. This individual was knowledgeable about the residents that lived there and was seen to have a good awareness of the assessed needs of the residents. The person in charge was full time in their role and was based in the centre and was allocated supernumerary hours dedicated to administrative duties in the centre.

The CNM1 was also present on the day of this inspection and was found to be knowledgeable in their role and familiar with the needs of the residents living in the centre. The acting director of services, who was the registered providers representative, also met with inspectors and spoke about the plans that were in place to provide appropriate supports to the residents of this centre.

Reporting structures were clear and there were organisational supports such as audit systems in place that supported the person in charge and the staff working in the centre, and provided oversight at a provider level. Staff members spoke positively about the management team in place and the support that they provided to the staff team.

Staffing levels in this centre were seen at the time of the inspection to be appropriate to the needs of the residents and in line with the statement of purpose in place for the centre. It was acknowledged by the person in charge that gaps in the staff roster did occur on occasion due to, for example, staff illness. However, these absences were across a large staff team and managed locally and inspectors found no indication that when this did occur, that it was impacting in a significant way on the care and support provided to residents. Inspectors spoke with a number of staff members during this inspection and found them to be knowledgeable about

residents' needs and preferences and committed in their roles.

An inspector asked to see the training matrix for the staff team. This information was not available on the day of the inspection. The person in charge acknowledged that some staff were overdue to attend training and refresher training in a number of mandatory training sessions such as the Management of Actual and Potential Aggression (MAPA). This had been identified in the previous six monthly provider unannounced audit of the centre and actions were underway to rectify these training deficits.

Inspectors also reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place.

The registered provider had policies and procedures referred to in Schedule 5 in place. These are required to be reviewed and updated at intervals not exceeding three years. Inspectors reviewed all schedule 5 policies in the designated centre. It was seen that two of these policies were overdue for review, including communication with residents.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualifications to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured the number and skill mix of staff was sufficient to meet the assessed needs of residents as per the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were not available to view on the day of the inspection. The person in charge informed the inspector that the staff team were not up-to-date with all mandatory training and this was also identified in the provider unannounced audit of the centre. Assurances were provided in relation to fire safety and fire evacuation training.

Judgment: Not compliant

Regulation 23: Governance and management

An annual review had been completed in respect of this centre and included evidence of consultation with residents and their representatives. The provider was identifying issues through ongoing review and audit of the centre, including a six-monthly unannounced audit as required by the regulations. Action plans were in place for issues that had been identified and there was evidence of oversight at a local level. Since the previous inspection not all areas of non compliance had been adequately addressed and this continued to impact on the lived experience of residents in this centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The chief inspector had been notified of a number of incidents that had occurred in this centre as appropriate. On the day of the inspection the person in charge told the inspectors about some incidents that had occurred in the weeks previous to the inspection. These had been not submitted to the office of the chief inspector within the required time frame and were submitted by the person in charge on the day of the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had an effective and accessible complaints procedure in place. Support was provided to residents to make complaints, if they chose to do so. Complaints were appropriately recorded in a complaints log and responded to in a timely manner.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place. Two of these policies had exceeded the three year review period by the provider. These included communication with residents and staff training and development.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations

Judgment: Compliant

Quality and safety

This inspection found that overall this centre offered safe and good quality supports to residents to meet their day-to-day needs. Improvements were required however to ensure that residents rights were protected and that residents were afforded autonomy and had access to meaningful occupation on a regular basis. Improvements were also required to ensure that the fire containment systems in place in this centre were adequate to fully protect residents at all times and that all restrictive practices were identified as appropriate.

As mentioned previously in this report, inspectors observed that some residents did not appear to be partaking in activities on the day of the inspection. Documentation viewed during the course of the inspection confirmed that these residents did not have regular opportunities to leave the centre or have access to regular meaningful occupation. On speaking with staff and management of the centre some of the issues raised included not having enough drivers on duty on occasion, and this was exacerbated by industrial relation issues. However, this did not account for the lack of activation within the centre itself for some residents. Staff did have a good knowledge of residents' preferences but there was a lack of clarity about how this important knowledge could be transferred to goal setting and meaningful occupation for residents. It is acknowledged that some positive changes had occurred since the previous inspection. For example, two activation staff were employed in the centre

and there was a timetable of general activities that residents could avail of, such as cookery classes two evenings a week. However, this activity schedule was dependent on resident interest and also on staff recognising the capacity of residents to take part in and enjoy such activities and as such some residents gained more benefit from this service than others.

Works to upgrade the fire safety systems in place, such as the fire doors in some units, had been completed in the centre since the previous inspection and actions had been completed as per the compliance plan received at that time. The inspector viewed a report that identified numerous fire safety deficits and these had all been addressed as per the recommendations in this report. The person in charge had identified however that issues remained with a large number of fire doors in the centre and this was also observed by inspectors on the day of the inspection.. This had been escalated to the provider and a further audit of the fire doors had been completed by a competent fire safety company. The report of this audit was not yet available on the day of this inspection but the management of the centre told inspectors that a significant amount of funding had been set aside to replace some fire doors in the centre. Inspectors saw that in the event of an outbreak of fire or smoke, the size and layout of this centre would allow for the evacuation of residents from affected units to other fire compartments in the building, if required. Fire safety equipment, such as fire extinguishers were in place and regularly serviced and residents had personal emergency evacuation plans (PEEPs) in place and these were in-date. Fire evacuation drills were occurring, including drills that simulated staffing levels at night.

Each bungalow had a kitchen area for the preparation of residents meals of choice. Some meals were prepared daily in another building on the campus grounds and delivered to each bungalow. Food supplies stored in the kitchen allowed residents the facility to request snacks or eat alternative food if they wished. Staff supported the residents each week to order any specific items of food that they would like. Residents had a choice of food taking into account their dietary needs and meal choices were offered to the residents a day in advance. The kitchens, food storage areas and food temperature records were well maintained. While the residents were provided with their dinner from a central kitchen on campus, staff explained how residents can choose what they would like to have and how evening meals are made by staff in each bungalow.

Each resident had a individual care plan which was subject to annual review. Residents were supported by their keyworker to identify goals. Inspectors reviewed the daily activities and goals for all residents in two bungalows. Some variance was noted between the bungalows. In many instances there was evidence of goals being continuing to be brought forward year on year. One resident had a short term goal of reflexology ongoing from 2017. Many goals were related to house or campus based activities. However in another bungalow, it was seen that some residents attended a local external day services in line with their wishes and interests. They also had opportunities to participate in a variety of activities in the local community based on their interests. For example, two residents had attended musicals and plays in the local town, and this was in line with their interests. Another resident had been supported to attend pottery classes in the community and to join their local

library.

One resident in this centre had medications and nutrition administered via (percutaneous endoscopic gastrostomy) PEG. The nurse on duty in that unit, a relief member of staff, was very familiar with the procedures and precautions to take in relation to the PEG, and told the inspector about the cleaning procedures in place for the equipment required. A PEG feeding care plan was viewed for a resident and although this included important detail such as the appropriate feeding regimen prescribed. However, there was no clear IPC guidance relating to the equipment used for PEG food and medication administration procedures, and there was not a clear method in place for identifying when specific equipment should be cleaned or replaced. Staff were able to tell the inspector when this equipment would need to be replaced but this was not documented and there was no system in place to ensure that all staff were aware of this or to ensure that this was completed as required. Equipment was not labelled to signal when it had been opened. This could potentially lead to a situation where aspects of the routine cleaning and care of this equipment could be overlooked.

Restrictive practice logs were viewed in the centre and a copy of these was also stored in residents' files if appropriate. These were seen to be reviewed as appropriate. A restrictive practice audit had been completed in April 2022. An inspector viewed a resident wearing a safety helmet on the day of the inspection. There was no accompanying documentation to provide rationale for this, or guidance for staff on the appropriate use of this equipment. The person in charge reported that this was not in regular use.

The chief inspector had been notified of a number of incidents in this centre, including some occasions where residents had sustained injuries following falls. Residents were seen to have appropriate falls management risk assessments in place and staff were observed to be aware of residents who presented a higher risk of falls and to support them appropriately on the day of the inspection. The person in charge discussed some of these incidents with inspectors and spoke of how falls were responded to and the measures in place to prevent falls in the centre.

Regulation 10: Communication

Staff were observed to be aware of, and respect, residents' communication needs. Residents had access to radio and televisions and a telephone in the centre and some residents were observed to enjoy reading their own magazines.

Residents did not have access to a wireless internet connection and this limited their opportunities to communicate with family and friends and access information using their own personal multi-media devices if desired.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Laundry facilities were available in each bungalow and residents were supported to launder their clothes and linen regularly. Residents each had their own bedroom with suitable and adequate storage for their personal property and possessions.

Judgment: Compliant

Regulation 13: General welfare and development

While improvements had occurred since the previous inspection, the registered provider had not ensured that all residents had been provided with the opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Not compliant

Regulation 17: Premises

The premises was warm and well ventilated. Some deep cleaning was required in particular areas and some minor maintenance works were required. For example, a seating area in one bedroom had noticeable water damage and some bathroom fittings were noted to have some rust present.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a choice and variety of foods prepared in line with their dietary and swallowing recommendations. Residents were supported in a respectful manner with mealtimes where required. Staff had information to guide them in relation to residents' individual requirements that had been provided by appropriate allied health professionals.

Judgment: Compliant

Regulation 26: Risk management procedures

On the day of this inspection, risk was seen to be appropriately managed. For example, there was evidence that appropriate actions were taken to mitigate against the risk from falls.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the centre presented as clean. Twice daily active monitoring of residents was taking place to identify any suspected illness such as the COVID-19 or influenza viruses. Contingency plans were in place in the event of an outbreak of an infectious disease in the centre. Assurances were provided from the person in charge in relation to the IPC controls in place for a resident who was suspected to have the COVID-19 virus. Some inconsistencies with the correct wearing of face-masks was observed during the inspection. Information and guidance for staff relating to the cleaning and replacement of PEG equipment required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Works to upgrade the fire safety systems in place, such as the fire doors in some units, had been completed in the centre since the previous inspection and actions had been completed as per the compliance plan received at that time. Fire fighting equipment such as fire extinguishers were being regularly serviced. However a number of fire doors in the centre required further attention/replacement to ensure adequate containment of fire and smoke for all parts of the centre in the event of an outbreak of fire. This had been escalated to the provider and a further audit of the fire doors had been completed by a competent fire safety company but these works were outstanding at the time of this inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate facilities were provided for medicines to be stored securely including medicines which needed refrigeration. Inspectors reviewed a sample of contents

within the medicines storage in one of the bungalows and it was noted that the majority of the contents were labelled and in date. However, it was seen that one box of medicine for one resident were marked as having an expiry date December 2022. A sample of medicines documentation reviewed was found to be in order.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of individual care plans were viewed and these were seen to be subject to annual review. Support plans were in place for residents to guide staff and ensure residents received supports appropriate to their assessed needs. Some residents were seen to have in place goals that were meaningful to them and reflected their individual wishes and capacities. However, some residents individualised plans did not fully outline the supports required to maximise the resident's personal development in accordance with his or her wishes. For example, some residents had goals in place that were seen to carry forward year-on-year with no progression or reflection evident to ensure continuous development.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported to manage behaviours of concern and had access to appropriate allied health professionals in this area. Restrictive practice logs were present for most of the restrictions viewed to be in place on the day of this inspection and these were subject to regular review. Not all restrictions had been identified and this meant that clear guidance was not available to staff on their appropriate use. Not all staff had received appropriate training-this will be dealt with under Regulation 16.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were offered some choice in this centre. Residents had access to advocacy services if required. However, all residents did not have access to meaningful occupation and to regular community access and this impacted on residents' capacity to exercise personal independence and choice in their daily lives.

Some resident's personal information was viewed on display in a communal area of the centre and this did not protect the privacy and dignity of all residents.
Judgment: Not 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Oakvale OSV-0002463

Inspection ID: MON-0034352

Date of inspection: 11/01/2023

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The service acknowledges that on the day of inspection training records were not available to hand. The service has recently procured a new training data base and is in the process of inputting the training data onto this new system. The center acknowledges shortcomings in physical training in particular due to the disruption caused to training schedules by the Covid-19 pandemic. The service will aim to have all staff trained in MAPA & PBS by Dec 31.12.2023	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The service acknowledges that not all issues identified in the previous section 23 were carried into compliance at the time of inspection. The main issues identified relate to the general welfare and development of the residents residing within the centre. Following consultation with the Head of Disability Services a plan has been put in place to rectify this shortcoming in compliance with the regulations. This plan involves reconfiguring our existing day services. This will provide for an additional 4 WTE staff which will address the deficits identified in the inspection report. This will in turn address the concerns with regards to community engagement in line with the resident's interests and needs. Supplementary in house group activities will continue to run within Oakvale simultaneously. A management grade will be appointed within this complement for oversight of this program who will report directly to the PIC. This will be completed by	

31.10.23

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
During the inspection the PIC and the inspectors discussed a matter relating to one of the residents in our care. The PIC was in the process of investigating if anything untoward had happened. The PIC acknowledges that there was an oversight in notifying this matter to HIQA within the 3 day time frame however this was rectified on the day of the inspection. Completion date 11.01.2023

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
These two policies identified as out of date have been updated as of 09.02.2023

Regulation 10: Communication	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
The service has procured internet access for the residents of the center. This will be operational by 30.04.2023

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare

and development:
Following consultation with the Head of Disability Services a plan has been put in place to rectify this shortcoming in compliance with the regulations. This plan involves reconfiguring our existing day services. This will provide for an additional 4 WTE staff which will address the deficits identified in the inspection report. This will in turn address the concerns with regards to community engagement in line with the resident's interests and needs. Supplementary in house group activities will continue to run within Oakvale simultaneously. A management grade will be appointed within this complement for oversight of this program who will report directly to the PIC. This will be completed by 31.10.23

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A local company has been contracted to rectify the defective seating area in the bedroom. Maintenance have been contacted about the rusty bathroom fittings. These will be rectified by 31.05.2023

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Since the date of the inspection training has taken place in the management of PEG feeding and a care plan has been put in place based around best practice information from this training. With reference to the correct use of masks, updated guidance has been issues to all staff in all areas 25.01.2023

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Following a meeting with Estates and CKCH Fire officer, the report has yet to be issued to the service but a schedule of works is being drafted and put out to tender to ensure any works identified will be completed to ensure compliance by 31.08.2023

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The service had identified that there is ongoing concerns with the setting of PCP goals appropriate to the residents wishes and needs in the Centres previous section 23. In response to this the service has identified three staff who are currently undertaking a course in the area of social role valorization. This will give them the knowledge to help residents, key workers and staff form more valid and correct goals. This training is due to finish in June at which point they will begin rolling out new PCP's across the center. Completion date 31.10.2023

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
As per regulation 16 all staff will be trained in PBS by 31.12.2023.The service will now notify going forward that the store rooms located in the building are locked, This is due to safety reasons as cleaning chemicals are stored there. New guidelines have been issued for the gentleman identified as wearing a safety helmet on the day of inspection. Instances where this occurs will be notified through the quarterly notifications to HIQA from the 30.04.2023.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Identifying information has been removed from the notice boards in the kitchen. Staff have been educated to use the communication books for communicating such information on day to day occurrences completed 31.01.2023. Following consultation with the Head of disability Services a plan has been put in place to rectify this shortcoming in compliance with the regulations. This plan involves reconfiguring our

existing day services. This will provide for an additional 4 WTE staff which will address the deficits identified in the inspection report. This will in turn address the concerns with regards to community engagement in line with the resident's interests and needs. Supplementary in house group activities will continue to run within Oakvale simultaneously. A management grade will be appointed within this complement for oversight of this program who will report directly to the PIC. This will be completed by 31.10.23

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 10(3)(a)	The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.	Substantially Compliant	Yellow	30/04/2023
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/10/2023
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	31/10/2023
Regulation	The registered	Not Compliant		31/10/2023

13(2)(c)	provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.		Orange	
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/12/2023
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.	Substantially Compliant	Yellow	31/05/2023
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	31/10/2023
Regulation 27	The registered	Substantially	Yellow	25/05/2023

	provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Compliant		
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/08/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	11/01/2023
Regulation 04(3)	The registered	Substantially	Yellow	09/02/2023

	provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Compliant		
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/10/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/04/2023
Regulation 09(2)(b)	The registered provider shall ensure that each	Not Compliant	Orange	31/10/2023

	resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/01/2023