



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

Issued by the Chief Inspector

Name of designated centre:	Oaklands Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	16 August 2022
Centre ID:	OSV-0002668
Fieldwork ID:	MON-0036944

About the designated centre

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

Oaklands is a designated centre operated by Rehab Group which provides a residential service to people with a disability. The service is provided in a detached two storey house with a large landscaped garden with recreational area. There are four bedrooms and various communal areas including a sensory room. The house is situated in close proximity to the local town. The house is currently staffed on a twenty-four hour basis due to the impact of COVID-19. Generally the house is staffed between 15.00 hrs and 09.30hrs on week days as residents attend various activities. The provider undertakes to provide additional staffing as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 16 August 2022	10:30hrs to 16:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor for infection prevention and control in the centre. As part of this inspection, the inspector met the person in charge, staff on duty, and residents who lived in the centre. The inspector also observed the care and support interactions between residents and staff at intervals throughout the day.

The inspector met with a staff member who was on duty on the morning of the inspection. They were supporting a resident present at the start of the inspection. This resident currently chose to attend the residential service during the day for an individualised service and returned home every night due to health issues. Staff were observed engaging with the resident in a positive, respectful and knowledgeable manner during their time, whilst preparing to go out for activities. The activities included a short walk locally, and returning home for the evening. Throughout this interaction the resident was observed calm and relaxed, while staff had advised that due to the presence of a new person they may commence vocalising, this did not occur due to the staffs ability and experience of supporting this resident. Staff were also observed communicating with the resident in their preferred choice. Staff used LAMH and also tools of reference where required. At all times the resident was at ease and calm with the staffs support.

Oaklands was located on a campus setting on the edge of a large town and had good access to a wide range of facilities and amenities. The centre consisted of a two storey detached house and provided full-time residential service for up to four people. The house had a spacious sitting room, a well-equipped kitchen and provided residents with a comfortable living environment. However, some areas required minor improvements and maintenance to ensure that all surfaces could be effectively cleaned.

Residents were receiving a good quality service in a homely and suitably decorated house, and were supported by a caring and skilled group of staff. The inspector was shown around the house by the person in charge, who was knowledgeable and familiar with the residents living in this centre. Overall the centre was clean and tidy, warm and comfortable environment for residents to enjoy. Minor improvement was required to the maintenance of the house to promote best practice in regard to infection prevention and control guidelines at present.

The person in charge outlined the cleaning regimes in the centre, this included the products and colour coded cloth system in place and also the colour coded mop system and bucket in place. The inspector observed appropriate storage was in use at the time of the inspection, This included a list of all products in use and a safety data sheet available for all products in use at the time of inspection. In addition, the inspector note form a recent audit that actions were identified to enhance the cleaning systems, which included modifying the tasks listed in the cleaning schedule

to weekly, monthly tasks.

From speaking with the person in charge and staff, it was clear that many measures were in place to protect residents from the risk of infection, while also ensuring that these measures did not impact on residents' quality of life. It was also evident that the person in charge and staff had helped residents to understand the implications of the COVID-19 pandemic. A range of information relating to infection control and Covid-19 had been developed and made available to residents in a format that suited their needs. This included residents rights, including rights to be healthy, hand hygiene, guide to COVID-19 for people with disabilities, personal protective equipment (PPE) and the vaccination process.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life was well supported and that residents were safeguarded from infectious diseases, including COVID-19.

There was a clear organisational structure to manage the centre. There was a suitably qualified and experienced person in charge. The person in charge had two centres under their remit and shared their time accordingly. This was evident from review of staff rosters in the centre. The person in charge was found to be present in the centre, knew the residents and their support needs, and was available to staff as required. The person in charge also worked closely with the wider management team and kept her staff up-to-date. The person in charge was involved in the oversight of infection control management in the centre.

The centre was suitably resourced to ensure effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable equipment and furnishing, suitable transport for residents to use, and adequate staffing levels to support residents. The centre was also resourced with many physical facilities to reduce the risk of the spread of infection. These included hand sanitising dispensers throughout the centre, supplies of disposable gloves and aprons, cleaning materials, thermometers for checking temperatures. There was a plentiful supply of various types of masks as required by current public health guidelines, which also reflected the organisational policy and procedure.

Arrangements were in place for frequent stock take checks of masks to ensure that the supply would not run out.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of care, support and safety was being provided and maintained. Records of these audits showed a good level of compliance however, improvement was required as actions listed did not show a time line for completion of each action or persons responsible to ensure the actions were addressed. The auditing systems included infection control auditing. The person in charge also used learning from other services to introduce improvements to this service. The person in charge had also completed a comprehensive infection control audit of the centre prior to this inspection. Overall, the audit showed a good level of compliance but it did not show the time-frames for completion of the actions. There were also actions not identified or listed on these audits that were identified on this inspection. This included the maintenance required in areas listed under regulation 27.

The inspector reviewed the management of complaints in the centre. Although there had been no recent complaints, there were suitable measures in place for the management of complaints should this be required. These included a complaints policy to guide practice and a clear system for recording and investigating complaints. Information about how to make a complaint was displayed in the centre and was also made available to residents and or their representatives. There had been no complaints or concerns raised about infection control or any aspect of COVID-19 management.

Infection control and COVID-19 documentation viewed during the inspection was informative and up to date. The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

Staff who worked in the centre had received training in various aspects of infection control, such as infection prevention and control, and practical hand hygiene. Training in donning and doffing PPE and food safety management had also been made available to staff. A range of policy and guidance documents including an up-to-date infection control policy and infection prevention and control guidelines for disability services.

Quality and safety

The provider had measures in place to ensure that the wellbeing of residents was promoted and the residents were kept safe from infection. Overall, there was evidence that a good quality and safe service was provided to residents. However, improvements were required to some surfaces, maintenance and processes in the centre was required, to ensure that effective cleaning could consistently be carried out.

The centre was made up a detached two storey house. The centre was clean, comfortable, decorated and furnished in a manner that suited the needs and preferences of the people who lived there. Most wall and floor surfaces throughout the centre were of good quality and were suitable. Overall, the wall and floor surfaces were of impervious material, joints between wall and floors were covered and suitably sealed, however improvement was required as some floor joints were worn, discoloured and one had raised nails observed. During the walk around of the centre the inspector noted the centre was generally clean and maintained in a hygienic condition throughout and was well maintained, although some areas required upgrade. It was noted the floor joints required review, the flooring in three rooms was scuffed and marked, the worktop in the kitchen had damage on the surface, the fridge also had marks evident on the door and was rusted. At the time of the inspection there was no plan in place to address the works required.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated in the outskirts of a rural town and close to a range of amenities and facilities in the nearby areas. The centre had dedicated transport, which could be used for outings or any activities that residents chose.

The provider had cleaning schedules in place which outlined the centre's hygiene requirements and staff members carried out the required daily cleaning tasks. Records indicated that staff were completing daily cleaning of the centre with increased cleaning and sanitising of touch points such as door handles and light switches. Staff spoken with were clear on the practices and procedures required and how these tasks were carried out. In addition, staff were clear about the about the colour coded system for cloths and mops in place in the centre.

Residents health, personal and social care needs were regularly assessed, however improvement was required as one personal plan had not been updated since the residents return from home. The resident had chosen to spend time at home throughout the pandemic which was supported by the centre and the staffing team. However, their personal plan had not been updated since their return to the centre at the time of the inspection. Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. Residents were supported to access vaccination programmes if they chose to and make informed decisions when offered COVID -19 vaccines.

Regulation 27: Protection against infection

Overall, there were good measures in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. However, some areas required improvement. Repairs and maintenance were required in minor areas to

ensure the effective cleaning of all surfaces and to enhance the overall quality of infection control.

- Items in the centre's first aid box were not monitored effectively as several were out-of-date.

- Paintwork on Kitchen door was uncompleted

- Flooring in sitting room, dining room and hallway had marks evident and worn which did not promote effective cleaning

- Raised nails evident on threshold between dining room and kitchen and threshold was discoloured and damaged

- Kick-board damaged and marked in kitchen

- 4 kitchen cupboards had laminate coverings which were worn away and discolouration was evident.

- Worktop in kitchen marked

- Fridge door rusted and surface worn away

- Provider six monthly unannounced visit completed in the weeks prior to inspection did not have dates specified to address areas for improvement or persons responsible.

- Annual review of care and support provided at the centre was not completed and outstanding from since 2021

- One resident's personal support plan was not up-to-date as required.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Oaklands Supported Accommodation OSV-0002668

Inspection ID: MON-0036944

Date of inspection: 16/08/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">• A full review of all items in the first aid box was carried out on 10.08.22. All expired items were removed from the box and replaced with new items from the pharmacy.• Maintenance Company booked to complete outstanding works, including door painting and saddle board replacement for week ending 09.09.22. <p>The Housing Association's Housing Officer completed an on-site visit to the service on 26.08.22 and took note of refurbishments to be completed in the kitchen, dining room and sitting room. A local carpenter has been contacted to complete works but is yet to conform a date for works to be carried out, other carpenters will be contacted if required. It is anticipated these works will be completed by 31.12.22.</p> <ul style="list-style-type: none">• Replacement fridge will be purchased when refurbishments have been completed to the kitchen to ensure accurate fit. This will be completed 31.12.22.• The PIC will update the report of the most recent six monthly unannounced visit to the service to identify dates and the person responsible for each action, this will be completed by 30.09.22.• The provider is currently working to set up a new online system for the tracking of actions including assigning action owners and dates, this will be in place by 31.12.2022.• Resident's Support Plan will be reviewed and updated 14.10.22.• Annual Review will be completed by 31.10.22.	



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 27	The registered 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.	Substantially Compliant	Yellow	31/12/2022