



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

Issued by the Chief Inspector

Name of designated centre:	Oak Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	30 May 2022
Centre ID:	OSV-0004466
Fieldwork ID:	MON-0027979

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	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
Monday 30 May 2022	09:00hrs to 17:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

It was clear that residents were enjoying a good quality of life, and were involved in meaningful, worthwhile and enjoyable activity, and that the provider and person in charge prioritised the delivery of person centred care to the residents who lived in this centre and those that attended for respite. This was evident from information that the management team shared with the inspector, a visit to the centre, conversations with the person in charge, director of services, two staff, and documentation viewed during the inspection. The management team also discussed their plans to reconfigure this service to further improve the lives of the residents who utilised this service.

On the day of the inspection, the inspector was unable to meet with any residents in the centre, as residents had not returned for respite attendance and were enjoying a planned outing with staff. In addition, another resident was reported as experiencing a period of poor mood and behaviours, therefore the management team acted in accordance with current behaviour support guidelines.

Overall, from review of the documentation requested, the resident's likes, dislikes, preferences, goals and support needs were gathered through the personal planning process and this information was used for their personalised activity planning. The service was suitably resourced to ensure that the resident's support needs were met. This included an individualised service in one house with appropriate staffing support at all times and in the other house one staff was present on all shifts with residents. There was a vehicle provided in both houses for community access and outings.

The centre comprised of two self contained bungalows on the outskirts of a large town in Roscommon. Each house had gardens to the front and rear and the houses were suitably decorated throughout to suit the choice and preferences of residents who lived in this service. There was internet access, television, and music choices available for the resident's use. All residents had their own bedroom with access to suitable bathroom facilities. There was staff on duty each night who provided sleepover support at present.

There was a well equipped kitchen with an open plan dining area with separate sitting room facilities and information was displayed throughout in a suitable format for residents. It was clear that resident's rights to a good quality service and meaningful life were being prioritised. The resident's views on the centre and everyday life were gathered through ongoing daily discussion on choice and preferences. Staff and resident's also had weekly meetings to plan their menu and discuss shopping needs.

Easy to read versions of important information was made available to residents in a format that would be easy to understand. This included information about complaints, safeguarding, fire evacuation, hand hygiene, personal hygiene, advocacy

and human rights. When required staff had developed social stories to help residents to understand current issues in the centre, such as, COVID-19, current events or changes to usual routines.

The next two sections of the report outline 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 delivered to residents living in this service or attending for respite stays.

Capacity and capability

There were robust management arrangements in place which ensured that there was a good level of compliance with the regulations, and that a good quality and safe service was provided for all residents who live in this centre.

The centre was subject to ongoing monitoring and review, to ensure that a high standard of care, support and safety was being provided. The provider had carried out an annual review of the service and unannounced audits on behalf of the provider twice each year, and these processes had assisted in ensuring the effective oversight of this service. This included additional management meetings in response to changes in residents needs. The reports were detailed and comprehensive and included the views of resident's and their family's.

Other audits were also being carried out by the person in charge and staff to review the quality and safety of the service. A monthly audit plan had been developed and specific audits were identified to be carried out each month. These included audits of fire safety, finances, health and safety, medication, infection control and COVID-19 compliance, and restrictive practices. The required audits had been completed to date.

There were effective arrangements in place to manage the centre. The person in charge knew the resident's and their support needs, The person in charge was based in a local office and was readily available to all residents and staff when required. In addition, the inspector noted that staff were familiar with the managers and spoke in a positive manner. Staff spoken with had the opportunity to raise concerns and acknowledged that these were recorded and acknowledged the planned reconfiguration within the service. Management meetings took place as scheduled and records were maintained and available in the centre for all staff. A range of information was shared and discussed at these meetings such as, care planning, health and safety, risk management, policies and procedures and notifications.

The inspector was provided an opportunity to speak with one staff from each house, and two managers in attendance that day. The inspector was advised that while the provider had submitted an application to renew the registration of this centre,

The governance and management team had identified issues with the current design and layout of the centre and recognised that it was not meeting the needs of the current residents. A quality improvement plan was in place and the management team were currently awaiting confirmation of a transfer of one resident, and they then planned to reconfigure this service when this was completed. Overall, the management team showed their recognition and responsiveness to address these areas to improve the service provision for all residents.

There were sufficient staff rostered for duty to support the resident's assessed needs in both houses. The staffing arrangements in place enabled residents to take part in the activities they enjoyed and preferred. There were also measures to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in medication management, manual handling, food safety, and mandatory training.

In response to the recent pandemic, staff had attended additional training in various aspects of infection control. A wide range of policies and standard operating procedures were also available to guide staff.

Overall, the provider and person in charge had ensured there were effective systems in place to provide a good quality and safe service to residents.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider has submitted an application to renew the registration of the designated centre within the required dates, and which included the prescribed information as specified by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that appropriate numbers of suitably skilled staff were in place at the centre to meet the residents needs in a timely manner and support them to partake in activities of their choice.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training, which ensured they were suitably skilled to support the resident's assessed needs as well as to ensure their practices reflected current developments in health and social care including measures associated with the management of an outbreak as listed on notifiable infectious diseases.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the most up-to-date information as specified in the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that appropriate insurance was in place for the designated centre as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Governance arrangements at the centre were subject to regular review to ensure they were effective in meeting the resident's needs and complying with organisational policies. Management arrangement further ensured that appropriate resources were available at all times to support residents, keep them safe from harm and enable that to work towards achieving personal goals.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that an appropriate admission policy and procedure were in place in line with the centres' statement of purpose and it contained the relevant information as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support throughout the centre which was person centred and focused on their needs.

The centre was being operated in a manner that promoted and respected the rights of residents. As noted earlier, residents were being supported to engage in activities of their choosing and were supported to maintain contact with family members and representatives regularly.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. A number of residents presented with complex needs, and their support plans were detailed and under review by the centre's management team and the provider's multidisciplinary team. There was evidence that these plans were treated as live documents and tracked the changing needs and supports required for residents.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify record, investigate, and learn from adverse incidents. There was an active risk register in place that captured the environmental and social care risks present in the centre. Residents' risk assessments were detailed and were linked to their support plans. These assessments were being reviewed and updated if required regularly.

Effective fire safety precautions were in place, including the fire detection, fire safety checks, emergency lighting arrangements and multiple exits were also available throughout the centre. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. A personal emergency evacuation plan (peep) was in place for each resident which ensured that staff had guidance on how to support each resident required to evacuate.

There were suitable systems in place to control the spread of infection in the centre.

There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and resident's temperatures. A detailed cleaning plan had also been developed and daily cleaning was recorded.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. There was an active risk register in place that captured the environmental and social care risks present in the centre. Residents' risk assessments were detailed and were linked to their support plans. These assessments were being reviewed and updated if required regularly.

Residents' were supported to enjoy best possible emotional health and well being. As already detailed in section 1 of this report capacity and capability; one resident living on this centre experienced significant mood disturbances and anxiety issues resulting in significant behaviours of concern at times. The person in charge detailed the provisions and strategies put in place to support this resident. whilst ensuring that no other residents' were affected. This resident was in receipt of multidisciplinary staff support but at present refused to engage directly. The person in charge and staff team coordinated and communicated the strategies recommended to promote positive behaviour support and maintain safety of staff working in this service. The inspector noted there was an active behaviour support plan in place. Staff had training in positive behavioural support techniques so as they had the skills required to support the residents in a professional and calm manner and in line with recommendation from multi-disciplinary team.

The inspector observed that residents had access to appropriate healthcare professionals. There were health plans, and risk assessments focused on promoting the health of residents, and these were under regular review.

Overall, the inspector found that the care within the service was delivered in a person centred manner and put the quality of the residents' lives was actively promoted at all times.

Regulation 13: General welfare and development

The inspector was satisfied that residents were afforded the opportunity for new experiences, social participation, training and employment.

Judgment: Compliant

Regulation 17: Premises
Overall, the centre was designed and laid out to meet the needs of residents as listed in the statement of purpose.
Judgment: Compliant
Regulation 18: Food and nutrition
The person in charge had ensured that residents were supported to buy, prepare and cook their own meals if they so wished.
Judgment: Compliant
Regulation 20: Information for residents
Information was provided to residents which included information in user friendly format, about about staff on duty each day, residents' rights, how to make complaints, personal planning and current public health guidelines in regard to infectious diseases.
Judgment: Compliant
Regulation 26: Risk management procedures
There were arrangements for the control and management of key risks in the centre, which were recorded on a risk register. These were kept under regular review. There was evidence that residents were also supported in positive risk making practices, including going to local shops.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had ensured that appropriate fire safety systems were in place at the

centre, staff had under taken up-to-date fire safety training and were provided with refreshers as required. Fire drills completed demonstrated that both residents and staff could evacuate safely, the provider had assured themselves of the effectiveness of the residents' personal evacuation plan at present.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge had ensured that the residents were receiving or being offered appropriate positive behaviour support by allied health professionals attached to the service.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant