



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

Issued by the Chief Inspector

Name of designated centre:	The Oaks
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	04 November 2021
Centre ID:	OSV-0007934
Fieldwork ID:	MON-0031401

About the designated centre

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

The Oaks provides a residential service for up to three male or female adults with an intellectual disability, autistic spectrum diagnosis or acquired brain injury, who may also have mental health difficulties or responsive behaviours. The objective of the service is to promote independence and to maximise quality of life through interventions and supported which are underpinned by a model of person-centred support. The designated centre consists of a two-storey house in a residential area of north County Dublin with three bedrooms, a living room, dining room, kitchen and rear garden. The centre is staffed by house coordinators delivering social support, with access to clinical service when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 November 2021	11:15 am to 4:30 pm	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector found that residents had settled in well to the new house and had a support structure which took account of their preferences, safety, independence and routine.

The inspector had an opportunity to meet briefly with the residents in this designated centre. The residents were not interested in participating in the inspection and did not wish to speak with the inspector. This choice was respected and the residents went out shopping and met up with family during the visit, independently or with a staff member, or spent time in their room. The experiences of the residents were attained through speaking with key working staff, reviewing house meetings and personal plans.

The residents started living in this newly registered house in August 2021, and the inspector found detailed and person-centred reviews of how each person was supported to transition to the new house on their terms, taking into account their wishes and worries, the compatibility of the housemates, and providing reassurance on what the resident needed arranged before they were happy to live here. Residents had been supported to personalise their bedroom spaces to a high standard, and the inspector found evidence of how the residents had worked directly with the facilities staff to furnish and decorate their bedroom in line with their wishes. The house had a large private patio backyard and comfortable living room. The house had a clean and modern kitchen and dining area. The provider had identified that an area of the dining room being used as office space was not in keeping with providing a homely environment, so this had been removed to a spare room until a permanent solution could be arranged.

Residents were encouraged to be independent in their activities of daily living and community access. Risk assessments had been carried out and the residents' capacity and wishes taken into account when supporting them to access the community or stay in the house without staff accompaniment, manage their money and medicine independently or semi-independently. The service had exclusive use of a car, which all staff could drive, to optimise the ability to go to events, activities and services further than walking distance. Residents also had access to public transport services in the area.

Residents were supported to pursue meaningful social, personal and educational opportunities in accordance with their assessed needs and interests. This included personal goals which were either continued or changed from what they had been working on in their previous home. Each resident met regularly with their key worker to plan out trips and events, set out savings plans, plan out meals in the centre and do personal and grocery shopping for the house. Residents also enjoyed walks on the nearby harbours and coast, shopping, going to the cinema and the hairdresser. The inspector was told about how the residents had enjoyed the

fireworks and trick-or-treaters in their neighbourhood on Halloween.

The next two sections of the report 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 delivered.

Capacity and capability

The inspector found that this was a good centre which operated a person-centred approach to supporting the residents in this new designated centre. The provider had appropriate structures in place to provide effective oversight and management of the service, and to support the new residents and staff team to settle into the service since its opening in August 2021.

The provider had a full complement of support staff in accordance with the assessed support needs of the residents. The inspector reviewed evidence of staff completing their induction, probation process and regular supervision from their line manager. Good examples of how staff were supported to adapt to the new setting and continue personal and career development opportunities carried over from their previous location. The person in charge set time aside to spend in the house on a regular basis and there were clear contact details for staff to use when seeking advice or support out of hours or during annual leave.

Support staff spoken with during the inspection demonstrated a good knowledge of the residents, their support needs, interests, routines and personalities, and knew where guidance on support delivery could be found if required. The inspector reviewed rosters for the service and found that shifts were consistently being met, with minimal use of relief personnel to cover absences. Annual leave was planned to ensure that it did not impact on service continuity, and contingency arrangements were in effect to provide support for the residents if multiple staff were absent at the same time, such as if they were required to isolate due to COVID-19 risk.

The provider had conducted a number of audits of the service since opening, on aspects of the service including environmental health and safety, staff supervision and development, medication management. Where areas for improvement were identified, evidence of timely action to address these were found.

Regulation 14: Persons in charge

The person in charge worked full-time in their role, and were suitably experienced and qualified in the management of a social care setting.

Judgment: Compliant

Regulation 15: Staffing

The service had a full complement of personnel. All staff hours and shifts were clearly outlined in service rosters and all staff had their information on qualifications, references, and vetting by An Garda Síochána available for review on inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed a sample of induction, probation and ongoing supervision records, which set out areas in which the staff were being supported to develop, improve and take ownership of responsibilities in their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had a directory of residents in place containing the information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had the required property and liability insurance policies in effect.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management and reporting structure in effect through which the provider maintained ongoing oversight of the designated centre. Quality of service

audits had taken place since the service opened. Out of hours and contingency arrangements were in place to ensure access to leadership and decision-making during times of absence.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a detailed and person-centred process of supporting and assuring the resident as they transitioned into this house from their previous setting. Each resident had a contract outlining the terms and conditions of living in this service.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place which included the information required under Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

The inspector found that there was suitable arrangements in place to provide person-centred, evidence-based support for residents and ensure that they were facilitated to pursue their preferred interests and routines, as well as developing personal development goals in a safe and suitable premises.

Before and during the admission and transition process, the provider had conducted assessments of the residents' support needs to be assured that they had the resources to provide a quality service which took account of residents' independence, preferences, proximity to family, services and local amenities. These assessments contributed to staff guidance on supporting each resident where required, and encouraging and developing on objectives related to life skills, independent self-care, and goals related to events and hobbies. The inspector found evidence of these support plans being discussed with the multidisciplinary team for the relevant clinical and psychological input. The provider also had simple language descriptions of support delivery so that the residents could be consulted and agree upon the determined level or support from staff, and where no staff support was

necessary.

Residents were assessed for their capacity to manage their medication. Where residents wished to be involved in the recording administering of medication, the inspector found that this was supported in accordance with the assessment, with residents signing their administration records when they took them, and staff taking responsibility of storing them and ensuring the supply was sufficient. Staff had clear guidance on the timeframes, purposes and safe doses of each medicine, and all prescribed medication had sufficient stock on site, all of which matched prescriptions and were in date. For medicines being reduced in dosage, the prescribing doctor had provided clear instruction to staff on giving effect to this plan.

The premises was safe, suitable in design, and comfortable. Residents had suitable access to bathrooms and the two occupied bedrooms were of a sufficient size. The provider had planned additions to the house to ensure that equipment storage and office space did not encroach upon a homely living environment. The house was clean and in a good state of maintenance, with areas requiring repair or replacement communicated to the facilities team. All rooms in the house were equipped with self-closing, fire rated door sets which could be held open by choice without compromising containment ability in the event of fire. Evacuation signage and emergency lighting was in place to support a timely evacuation. The provider had conducted practice evacuations and were assured that all staff and residents could exit the house in under a minute. All equipment including the addressable fire detection system and firefighting equipment was kept under routine service and inspection.

All staff and residents in the service had been facilitated to receive their vaccine for COVID-19 and the provider was in the process of arranging the same for seasonal flu. Staff wore face coverings in the house and engaged in routine cleaning and sanitising of touch points such as switches, handles and worktops. Residents were observed wearing face coverings when going out in the community and the provider was supporting balanced positive risk taking with regards to public transport, family visits and community settings like shops and cinemas. The provider had a clear plan for how to respond in the event of COVID-19 cases in the house, including what to do if each resident needed to isolate, if multiple staff were unable to come to work, or if additional personal protective equipment (PPE) were required. The provider was supported by an infection control steering group and their links with public health for advice and support, where required.

Regulation 12: Personal possessions

Residents were supported to independently manage their finances with an appropriate level of support from the provider. Residents were supported to personalise their living space how they wished.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable in design for the number and needs of residents, and was in a good state of cleanliness and maintenance.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had clear strategies for responding to potential or actual infection control risks. Staff were following the national guidelines on hand hygiene and face coverings and were encouraging the residents to do the same in the community.

Judgment: Compliant

Regulation 28: Fire precautions

The house was suitably equipped to detect, contain and extinguish fire and smoke. The provider had facilitated staff and residents to have experience with evacuating the service and calling the emergency services in various scenarios.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were supported with their medication in accordance with their assessed capacity and wishes. All medicines were prescribed, stored and administered in line with good practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had conducted comprehensive assessments of need, and from these had developed person-centred, evidence-based support plans which were accessible to the residents who signed off on the agreed supports.

Judgment: Compliant

Regulation 7: Positive behavioural support

Risk assessments and control measures were in place to provide a low-stress environment and supports during times of low mood. Where restrictive practices were not determined as necessary in this service, they were discontinued.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices and decisions related to their own care and support and to have input in how their home was managed and run. Residents' independence and positive risk-taking was encouraged in aspects of daily life.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant