

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

Issued by the Chief Inspector

Name of designated centre:	Oak Hill
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	23 April 2024
Centre ID:	OSV-0007954
Fieldwork ID:	MON-0041648

About the designated centre

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

This is a service providing care and support to four adults with disabilities. The centre comprises of a large four bedroom dormer bungalow, a sitting room, a large kitchen cum dining room, a large second sitting room, a utility room, communal bathroom facilities and a staff office on the first floor.

Each resident has their own fully furnished spacious bedrooms complete with walk in wardrobes (with one bedroom one being ensuite). Private garden areas are provided to the front and rear of the property with the provision of adequate private parking to the front of the property.

The house is located in a peaceful rural setting but within easy access to a number of villages and towns. Private transport is also available to the residents for social outings and trips further afield. The service is staffed on a 24/7 basis with a person in charge, a house manager, a team of staff nurses and team of healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 April 2024	10:30hrs to 16:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). At the time of this inspection, there were four residents living in the centre and the inspector met with one of them for a short time. Written feedback on the quality and safety of care from both residents and family representative was also viewed by the inspector as part of this inspection process. Additionally, the inspector spoke with one family member over the phone on the day of this inspection so as to get their feedback on the service provided.

The centre comprised of large detached house in a peaceful rural location in Co. Louth. Garden areas (which were very well maintained) were provided to the front and rear of the property for residents to avail of in times of good weather.

On arrival to the centre the inspector observed that the house was spacious, clean, warm and welcoming. Some residents were still in bed and one was relaxing in the front room listening to music. The inspector met with this resident and they appeared comfortable and relaxed in their home. Staff were also observed to be kind and caring in their interactions with the resident.

Each resident had their own bedroom which were decorated to suit the individual preferences and kitted out to meet their assessed needs. For example, overhead ceiling hoists were available to residents with mobility issues

On review of 2 residents person centred plans the inspector noted that they were supported to participate in community-based activities such as attend concerts, go for drives and walks, go for coffee, attend various clubs and visit a local dog rescue centre. Residents had also been supported to avail of hotel breaks and to keep in regular contact with family members.

From viewing three staff files, the inspector noted that they had undertaken training in human rights. One staff member spoken with was asked how they were supporting the rights of the residents in the centre. They replied it was important to ensure the individual choices of the residents were respected. They also said that staff were good advocates for the residents and where required, ensured the voice of the resident was heard and acted upon. For example, staff had recently lodged a complaint on behalf of the residents as there was a delay in accessing a public healthcare-related appointment. They escalated the issue on behalf of the residents to management and a clinical nurse specialist in health promotion and, at the time of this inspection the person in charge reported that the issue would hopefully be resolved in the near future.

Additionally, staff had supported the residents to provide written feedback on the

quality and safety of care provided in the centre. This feedback was both positive and complimentary. Residents were happy with where they lived, their home was spacious and comfortable and, they could see visitors in private. They also reported that they were happy with their bedrooms, happy with the menu options available to them and were satisfied with the arrangements in place to purchase groceries.

Residents also reported that they felt their choices were respected and they made their own decisions as when to get up, when to go to bed, what to eat, what to wear and what social activities to participate in. They also reported that staff listened to them, knew their likes and dislikes, were happy with the support provided and they felt safe in their home. One resident said that they really liked their room and wouldn't change a thing, while another reported that they loved country living and staff were friendly and helpful.

Written feedback on the quality and safety of care from three family representatives was also viewed by the inspector. They reported that they were both satisfied and/or very satisfied with the quality of care and support provided in the centre, the courtesy and helpfulness of staff and the respect shown to residents by the staff team. They also reported that residents were being supported to achieve goals, were availing of a number of recreational activities and their personal belongings were looked after. Families also reported that residents had as required access to GP services and other allied healthcare professionals and they were very satisfied with the accommodation overall. All three family members said the service met with their expectations with two reporting they thought it was excellent.

A family member spoken with over the phone was equally as positive and complimentary about the service provided. They reported that they were happy with the care provided and their relative had everything that they needed. They also said that their relative was living a good life in the service and that staff were terrific. Staff made them feel very welcome when they visited the house and, there was plenty of space available to meet with their relative privately. The family member also said that their relative enjoyed a good social life and was very happy with their room. Additionally, they said staff were kind and caring and they had no complaints about the quality or safety of care provided in the centre.

While some issues were identified on this inspection pertaining to the staffing arrangements and fire safety precautions, the inspector observed staff supporting the one of the residents in a professional, person-centred and caring manner. They were attentive to the needs of the resident and the resident was observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents and feedback from family members on the quality and safety of care was positive and complimentary.

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 care provided to the residents.

Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, the staffing arrangements required review.

The centre had a clearly defined management structure in place which was led by a person in charge who was a qualified clinical nurse manager II (CNM II). They were supported in their role a person participating in management.

A review of a sample of rosters from March 2023 indicated that there were three staff on during the day and two staff on at night as required and described by the person in charge on the day of this inspection. However, this arrangement required review so as to ensure residents could engage in more individualised social and/or recreational activities of their choosing.

From reviewing three staff members training records, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. Additionally, the inspector observed that these staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in February 2024. On completion of these audits, an action plan/quality enhancement plan was developed and updated as required to address any issues identified in a timely manner.

Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified nursing professional (CNM II) with an additional qualification in management. They demonstrated a knowledge of their legal remit to the Regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre to include the supervision of staff and localised audits.

They also demonstrated a good knowledge of the assessed needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from March 2023 indicated that there were three staff on during the day and two staff. However, this arrangement required review so as to ensure residents could engage in more individualised social and/or recreational activities of their choosing and on a 1:1 basis.

For example, one resident reported that they would like to see more staff on duty at times, so they could be supported to more things on their own rather than with their housemates (who may not always enjoy the same things as this resident).

The inspector also observed from reviewing residents files, that some of them had the same or similar social goals such as going to the same castles and parks.

Additionally, while there were three staff on each day, one resident required 1:1 support. This meant there were only two staff available during day hours to support the other three residents with socialising in their community and/or achieving their goals.

Taking into account the assessed physical needs of the residents living in this house, the staffing arrangements required review so as to ensure residents could be supported to engage in social and recreational activities on a more regular 1:1 basis.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Three staff members training records were viewed by the inspector and it was found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- children's first
- open disclosure
- manual handling
- infection prevention and control
- hand hygiene
- donning and doffing of personal protective equipment
- respiratory and cough etiquette
- management of spills

- safeguarding
- dysphagia
- basic life saving
- positive behavioural support
- fire safety
- Feeding, eating drinking and swallowing difficulties
- supported decision making
- fundamentals of advocacy

The inspector noted that some staff required refresher training to include refresher training in behavioural management however, the person in charge was aware of this and had this staff member booked in to do the course.

From three staff files viewed, the inspector observe that these staff also had undertaken training in human rights. Examples of how this additional training was put into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: '*What residents told us and what inspectors observed*'.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by an experienced person participating in management.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2023 along with a six monthly unannounced visit to the centre on February 2024. Additionally, the person in charge informed the inspector that the service was audited by another person in charge from a different registered designated centre in the service (referred to as peer to peer audits)

A quality enhancement plan had been developed based on the findings of the auditing process and this identified any issues along with a plan of action to address those issues in a timely manner.

For example, the auditing processes and quality improvement plan identified the following:

- an updated guidance document on restrictive practices was required (this was sourced and discussed at a team meeting in the centre)
- the Jacuzzi needed repair
- a new shower chair was required

- the risk management policy required review
- maintenance to one of the bedrooms was required

These issues had been identified, actioned and addressed at the time of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the Regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by the regulations and, the document had been recently updated to reflect the change to the management structure in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. However, the fire safety arrangements required some review.

Residents' assessed needs were detailed in their individual plans and from a sample of two files viewed, they were being supported to achieve goals of their choosing

and frequent community-based activities. .

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Additionally where required, residents had access to mental health and behavioural support.

Systems were in place to safeguard the residents however, at the time of this inspection there was no open safeguarding issues. Systems were also in place to manage and mitigate risk and keep residents safe in the centre.

Adequate fire-fighting systems and equipment were in place in the centre. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

However, the fire safety arrangements required review so as to ensure there were adequate resources in place to evacuate the centre when only two staff were on duty.

Overall however, this inspection found that the individual choices and preferences of the residents were promoted and the one resident met with appeared happy and content in their home.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their needs and wishes. Their communication needs and preferences were also detailed in their personal plans.

Residents had access to a telephone and other media such as television and radio.

Where required, easy to read information was also provided to the residents.

Judgment:

Regulation 13: General welfare and development

Residents had access to facilities and supports to engage in recreational and social activities of their interest and preference.

For example, residents were members of a social club, some attended a day/work placement where they availed of horticultural programmes, arts and crafts and met up with friends. Residents liked to go for drives and walks in the countryside, go shopping, go to the pub for a pint, visit with family and friends and watch football.

On review of 2 residents person centred plans the inspector noted that they were supported to participate in community-based activities such as attend concerts/music events, go for drives and walks, attend a social clubs, participate in a sports club and visit a local dog rescue centre. As part of their goals for 2024 some residents were being supported to avail of hotel breaks while another was being supported to go on a holiday overseas to France.

Residents were also supported to maintain regular contact with their family members.

It was observed that the staffing arrangements required review so as to ensure residents could engage in more individualised social and/or recreational activities of their choosing and on a 1:1 basis however, this was discussed and actioned under regulation 15: staffing.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. They were large with each resident having their own private bedroom which were decorated to their individual style and preference. Where required and for residents with mobility issues, overhead ceiling hoists were provided for.

There was a large sitting room to the front of the property where some residents like to spend time listening to music and looking out onto the open countryside.

There was also a sun room, a large kitchen/dining room, a second sitting room, a utility room and communal bathrooms (one with a Jacuzzi) residents.

There were large well maintained gardens to the front and rear of the property where residents could spend time relaxing in during times of good weather.

The house was found to be warm, comfortable, welcoming and well maintained on the day of this inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support residents safety and well being in the centre.

There was a policy on risk management available and each resident had a number

of individual risk assessments on file so as to support their overall safety and well being. For example:

- where a resident was at risk due to swallow related issues, they had a swallow assessment in place and had access to speech and language therapy. Staff supervision was provided for at mealtimes and, staff had training in basic life saving and dysphagia.
- where a resident may be at risk of falling, they had access to occupational therapy support and equipment such as overhead hoists and a wheelchair

Staff also had training in positive behavioural support so as to manage risk related to behaviours of concern.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example:

- the fire extinguishers were serviced in April 2024
- emergency lighting and the fire alarm system had also been serviced in January 2024 and April 2024
- a ski sheet was available for use in the hallway

Staff also did as required check on all fire fighting equipment. For example, the emergency lighting and fire alarm panel was checked weekly, daily checks were done on all escape routes and monthly checks were done on fire signage.

Fire drills were being done as required with drills being completed in January and April 2024. It was observed that on both these drills no issues were raised. Additionally, residents had a personal emergency evacuation plan in place which detailed the supports they needed when when evacuating the house during a fire drill.

It was observed however, that the centre needed to conduct a night-time/deep sleep fire drill (when the centre only had two staff members present and with all four residents in bed) so as to be assured that residents could be evacuated from the premises in a timely manner.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- GP services
- occupational therapy
- dietitian
- physiotherapy
- dentist
- speech and language therapy
- eye /ear exams
- women's health

Where required, hospital appointments were facilitated and each resident had a number of healthcare plans in place to guide practice. For example, one resident with epilepsy had an epilepsy care plan in place along with a protocol for the administration of rescue medication.

While all residents had access to a dentist, it was observed that some of them were on a waiting list for some time for additional dental treatment. However, the staff team had escalated this issue on behalf of the residents to management and a clinical nurse specialist in health promotion and, at the time of this inspection the person in charge reported that the issue would hopefully be resolved in the near future.

Residents also had access to mental health support where or if required to include a psychiatrist and clinical nurse specialist in behavioural support.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were no safeguarding concerns in the centre.

The inspector also noted the following:

- one staff member spoken with said they would have no issue reporting any concerns to management and was able to identify who the safeguarding designated officer was
- feedback on the quality and safety of care provided in the centre from a

family member spoken with over the phone was both positive and complimentary. They also reported that they had no complaints about the service.

- information on how to contact the designated safeguarding officer was on display in the centre

Additionally, from reviewing three staff files the inspector observe that they had training in the following:

- safeguarding of vulnerable adults
- open disclosure
- children's first

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and staff were observed to be respectful of the individual communication style and preferences of the residents.

Staff were also observed to advocate on the residents behalf where or if required.

Staff also had training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oak Hill OSV-0007954

Inspection ID: MON-0041648

Date of inspection: 23/04/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PPIM and PIC will conduct a comprehensive review of each residents’ assessed needs and their preferred social and recreational activities, taking into consideration the staff supports associated with achieving these.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC has arranged for a deep sleep fire evacuation to take place in Oakhill, when residents require highest level of support with minimum staffing levels.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	29/05/2024