



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:	Announced
Date of inspection:	26 May 2023
Centre ID:	OSV-0007934
Fieldwork ID:	MON-0031409

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 (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
Friday 26 May 2023	09:00hrs to 17:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre The Oaks. The inspection was carried out to assess the ongoing compliance with the regulations. The inspector had the opportunity to meet with residents and observe interactions in their home during the course of the inspection. The inspector used these observations, in addition to a review of documentation, and conversations with support staff to form judgements on the residents' quality of life. The inspection was facilitated by the person in charge and the person participating in management (PPIM). The inspection found high levels of compliance with the regulations.

The centre comprised of a two storey house located in a housing estate in North County Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The centre had the capacity for a maximum of three residents, at the time of the inspection there were two residents living in the centre. The inspector had the opportunity to meet with both residents who lived in the centre and observe interactions in their home during the course of the inspection. The inspector used these observations, in addition to a review of documentation, and conversations with support staff to form judgments on the residents' quality of life. The inspector found that the designated centre was striving to provide a person-centred, quality service which was respectful of residents' rights, needs and wishes. The inspector saw that residents appeared comfortable and relaxed in their home, with each other and staff and that they had access to a wide variety of meaningful activities and opportunities both at home and in the community.

On arrival to the centre one resident was out for a short walk and another resident was attending college. The inspector completed a full walkthrough of the house with the person in charge. Each resident had their own bedroom which were decorated in line with their wishes and preferences. One resident highlighted that they did not wish for the inspector to enter their room but would later inform the inspector that they had picked all of their items and regularly change things as they wish. The resident also informed the inspector that they had their own cleaning schedule for their room and staff assisted them with the upkeep.

The inspector observed that the designated centre was clean and tidy. Residents had access to their own bedrooms, a large kitchen and dining room, sitting room and enclosed back garden with which residents had fitted with flower arrangements. The back garden was equipped with garden furniture, residents told the inspector that they would often sit in the garden for tea and coffee with family or friends. There was ample amounts of storage within the centre with a shed for additional storage in the back garden.

The inspector found that staff had completed training in human rights and that human rights was a standing agenda and discussed each week at residents

meetings. In these meetings residents would present one chosen right to the staff team and what this right means to them and their life both in the centre and the community. The inspector asked one resident what it meant to them having staff complete training in human rights. The resident informed the inspector that "it means a lot to me especially when we discuss rights at our weekly meetings". The resident told the inspector that the discussion on rights each week meant for that individual that "I don't feel I need to do as much now in my rights as staff are so good and do a lot of training and classes". When the inspector asked the resident in what way did they feel they did not have to do as much in relation to rights, the resident further explained that they had previously done some work with an external agency in relation to the human rights of people with intellectual disabilities and self advocacy. The resident informed the inspector that since staff had taken a focus on human rights they had decided to focus their time on their college work. The resident informed the inspector that they would talk to the person in charge or their keyworker if they had any concerns in relation to their rights.

One resident told the inspector that they were very proud of their home and love to add new additions to the centre by adding art work, furniture and flower arrangements. The resident told the inspector that they are happy in their home and that staff are supportive. The resident told the inspector they knew how to make a complaint and who to speak to if they had any concerns. The inspector also observed the care and support interactions between residents and staff at intervals throughout the inspection.

The next two sections of this report will 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 provided.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. The inspector found that this designated centre met and exceeded the requirements of the regulations in many areas of service provision and was striving to meet national standards in areas such as individualised supports and care and decisions-making in accordance with residents' abilities and preferences.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently monitored. The provider had systems in place to monitor and review the quality of services provided. These systems included a series of audits such as an annual review and six-monthly unannounced visits. The annual review was completed in consultation with resident, residents representatives and staff. Audits were used to inform time-bound plans and actions were allocated to responsible individuals.

Staff had access to regular and quality supervision. A review of supervision records found that the content of supervision was thorough and sufficient to meet the needs of staff. There was a high level of mandatory and refresher training maintained for staff in the designated centre. The inspector found that all staff in the designated centre had completed training in Human Rights and the Assisted Decision-Making (Capacity) Act 2015, the inspector found through discussion with residents and staff that this training was having a positive impact on everyday choices and the quality of life for residents.

A planned and actual roster were maintained for the designated centre. A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for additional services, the inspector found that governance arrangements facilitated the person in charge to have adequate time and resources in order to fulfill their professional responsibilities. The inspector found evidence of monthly meetings between the person in charge and the PPIM, these meetings the governance systems in the centre and concerns as they arise in the centre.

The provider had suitable arrangements in place for the management of complaints. There were no recent or active complaints in the designated centre. An accessible complaints procedure was available for residents in a prominent place in the centre.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge was responsible for the management of two other services, in addition to the designated centre, and the inspector found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff available, with the required skills and experience to meet the assessed needs of residents. Planned leave or absenteeism was covered by a regular relief panel to ensure continuity of care and support for residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. There were established supervision arrangements in place for staff.

The inspector found that the staff team excelled in areas of training that would further enhance residents quality of life for example, the staff team had completed training in human rights and the Assisted Decision-Making (Capacity) Act 2015.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The centre was adequately resourced to meet the assessed needs of the residents. The provider and person in charge were ensuring oversight through regular audits and reviews. There was evidence that actions identified as a result of audits and management meetings were progressed in a timely manner and that they were being used to drive continuous service improvement. The provider had completed unannounced visits to the centre.

The provider had carried out an annual review of the quality and safety of the centre, the annual review included consultation with residents, families and staff members and identified areas done well, and plans for the year ahead.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated, and was located in an accessible place in the designated centre for residents and their families.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the designated centre. This was accessible and was displayed in a prominent place in the centre. The complaints log was reviewed on the day of inspection. There were no recent or open complaints in the designated centre at the time of inspection.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Overall it was found that the centre had the resources and facilities to meet residents' needs.

There was evidence that residents' healthcare needs were being identified and that residents' had regular access to allied health professionals. Residents' needs were assessed on at least an annual basis and reviewed in line with changing needs. There were personal plans in place that were reviewed with residents and key workers to ensure effectiveness. Residents' right to refuse medical treatment was respected and documented, with the provider ensuring that education in relation to medical treatment was provided for resident to ensure an informed decision was in place.

The provider had prepared a resident's guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

There were systems in place to monitor the rights of the residents and to ensure that their individual choices were respected. Residents participated in regular meetings in the designated centre in relation to the everyday running of their home and future planning for activities such as social outings and events in the centre.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated to their tastes. Residents were able to secure their bedroom with their own key if they wished to do so. There was a garden to the back of the house that was accessible to residents and well maintained.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The inspector found that risk was well managed. All identified risks were subject to a risk assessment, with control measures in place to support residents and minimise risks to their safety or well being. Risk control measures were found to be proportionate, and supported residents to safely take positive risks.

An infection prevention and control (IPC) audit was recently completed by the provider. The audit identified a high standard of environmental cleanliness, staff training and monitoring systems that enhanced the cleaning of the centre. The IPC audit identified a number of minor actions and there was evidence that each of these actions had been addressed by the person in charge by the time of the inspection. The inspector observed staff using several measures to reduce the risk of transmission of infection. This included regular hand washing and the adhering to safe practices when completing household tasks such as the disposal of rubbish.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were supported to buy, prepare and cook their own meals in accordance with their abilities and could make decisions about the meals that were served. Staff were knowledgeable with regard to residents' eating and drinking support needs and implemented any recommendations from specialists in this area. Residents in the centre were taking part in "Green Ambassador", which promoted areas of healthy eating for each individual in the centre.

Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities with residents attending college and personal interest classes in the local community. Residents were encouraged to maintain relationships with their families and friends.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated in line with residents choice.. Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for residents as well as suitable storage facilities. The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were supported to buy, prepare and cook their own meals in accordance with their abilities. Residents played an active role in

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable procedures in place to protect residents from healthcare associated infections, including risks associated with COVID-19. Infection control risks had been assessed and there were control measures in place that were updated in line with public health advice.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans. Residents had access to their own general practitioner, and had nursing support available as required. Residents had access to a variety of allied health services, such as occupational therapy, dietician and physiotherapy. A review of residents files demonstrated that residents had access to hospital consultant, national screening programmes and specialised nursing support and that residents are assisted to make decisions in relation to their health care needs .

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of residents. Residents' had choice and control over their daily lives, and directed and consented to decisions about their own care and support. Residents had weekly house meetings in which the inspector found they were actively encouraged to self-advocate and informed of external advocacy services. Staff had received training in human rights and residents spoken to on the day of the inspection told the inspector that they felt this had a positive impact on their quality of life.

Resident consulted and participated in decisions about their designated centre. Residents' privacy was protected and promoted in the centre.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	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 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant