



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

Issued by the Chief Inspector

Name of designated centre:	Oaklands House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	16 January 2024
Centre ID:	OSV-0008350
Fieldwork ID:	MON-0038262

About the designated centre

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

Oaklands house provides a residential service for male and female children under the age of 18 years with the exception of a young person completing their final year of secondary education. Oaklands house is located in the countryside and in close driving distance to several local towns and villages. The centre can cater for up to four residents each with their own bedroom, one with an en-suite facility and the rest are shared bathroom facilities. In addition, the centre has two living room areas and has a large garden. Residents are supported by a team of social care leaders, social care workers and direct support workers who are led by a person in charge.

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 16 January 2024	09:55hrs to 18:45hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, on the day of the inspection, the inspector observed that residents living in this designated centre were supported by staff who understood and supported their needs. Improvements were required in relation to individual assessment and personal plan, protection against infection and fire precautions. These areas are discussed further in the next sections of the report.

The inspector had the opportunity to meet the four residents that lived in the centre. Three of which attended school and the fourth resident was on the waiting list for a school placement in the area. One resident spoke with the inspector and communicated that they were happy and said that the house, the food and the staff were nice. Some residents, with alternative communication methods, did not share their views with the inspector, and were observed at different times during the course of the inspection in their home.

Some residents relaxed after returning from school. Other residents went out in the community while visiting with a family member. For example, two residents had lunch out and one of them also went shopping.

In addition to the person in charge, there were four staff members on duty during the day of the inspection. The inspector observed gentle and friendly interactions between staff members and residents. For example, one staff member was observed singing and gently rocking with a resident. Another staff member asked a resident would they like to play computer games together and the staff member joked saying the resident was always beating them at the game.

The inspector observed that there was a noticeable improvement in some residents' presentation since the last inspection of this centre. For example, one resident previously did not like staff members in their living space for more than a couple of minutes. They now appeared to be content in the presence of staff and they were observed to be relaxed when chatting to a staff member.

The provider had arranged for staff to have training in human rights. One staff member spoken with said that, the training supported them to realise the importance of involving residents in decisions about their life and giving them choices no matter how small they may seem. This would also help support their independence. The staff member went on to explain that, when residents feel listened to it could also lessen the chances of them displaying behaviours of distress.

For the most part, the house appeared clean and tidy. There was sufficient space for residents to have privacy and recreation. There were televisions, art supplies and sensory items available for residents to use. There was a wrap around garden and in the back garden there was a basketball net, a trampoline and a swing that residents could use.

Each resident had their own bedroom and there was adequate storage facilities for their personal belongings. A personal living area and each bedroom were personally decorated to suit the personal preferences and needs of each resident. For example, in one resident's living area there were gaming console related items and pictures displayed.

The provider had recently sought family views on the service provided to them by way of questionnaires. For the most part, communication received appeared very positive. For example, a family member stated that the staff were nice and friendly and that their family member was well looked after. Another stated that they were kept informed. They felt their family member received a lot of love and tenderness. They said they would feel comfortable reporting any concerns. Another family member communicated that, staff were fantastic and highly accommodating to their family member's needs. One parent stated that they would like their family member to get out of the centre more. The person in charge communicated that they and the staff team were continuing to work on promoting and encouraging that resident to go out more in the community.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

The findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

The provider had completed an annual review and unannounced visit to the centre as per the regulations. There were other local audits and reviews conducted in areas, for example fire safety and care plans.

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents.

There were supervision and probation meeting arrangements in place for staff as per the organisation's policy. In addition, there were systems in place to monitor staff training and development and the provider had ensured that staff had access to necessary training in order to support the residents, for example staff had received a number of trainings in the area of infection prevention and control (IPC).

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. They were employed in a full-time capacity and split their time evenly across the two designated centres that they managed. They were supported in their roles by teams leaders that worked in the centre.

Staff members spoken with communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels and skill mix, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had arrangements in place for staff to have a suite of training in order to safely support the residents. For example, staff had training in epilepsy awareness. Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

While some staff training was due for completion, for example one staff was due fire safety training, the inspector was assured that the training was scheduled and was to take place within the coming weeks after the inspection. The inspector observed that not all staff had training in the area of aseptic techniques specifically in the area of aseptic non touch technique as identified in the last inspection. However, the provider was in the process of arranging for any outstanding staff in the centre to receive it and a date was given to all staff as to when they had to have it completed by which was confirmed in writing to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which included, the person in charge and the managing director for the organisation, who was the person participating in management for the centre. The majority of the identified actions from the last inspection were completed by the time of this inspection. For example, the provider had arranged for suitable hand hygiene sink to be available again within the main bathroom which had previously been removed to facilitate room for a shower trolley.

The provider had arrangements for unannounced visits and an annual review of the service to be completed. There were other local audits and reviews conducted in areas, for example maintenance and records and food and nutrition. In addition, the assistant director carried out monthly governance audits of the centre. Some of the issues identified on this inspection were already identified by the assistant director.

Judgment: Compliant

Quality and safety

Overall, the residents were receiving care and support which was in line with their assessed needs. However, as previously stated some improvements were required to individual assessment and personal plan, protection against infection and fire precautions.

Residents' health and social care needs were assessed and there were personal plans in place for identified areas the residents required support in. In addition, appropriate healthcare was made available to each resident. However, one resident's communication plan did not adequately guide staff as to interventions to support and promote the resident's communication. In addition, it was not evident if a speech and language therapist's (SLT) recommendations for the resident were being followed through on in the centre.

The inspector reviewed the arrangements for the use of restrictive practices and while there were some in place, for example bedrails, they were kept under periodic review. In addition, where required, residents had access to a behaviour specialist to support them to manage their behaviour positively.

From a review of the safeguarding arrangements in place, the provider had safeguarding arrangements in place to protect residents from the risk of abuse. For example, staff had received training in child safeguarding.

The centre was being operated in a manner that promoted and respected the rights of residents. For example, an independent advocacy was sourced for residents when required.

The centre had appropriate risk management procedures in place. For example,

there was an organisational risk management policy in place.

For the most part, the inspector observed the premises was clean and in a good state of repair and there were systems were in place for the prevention and management of healthcare related infections. However, some premises issues were identified, for example the cleanliness of the main bathroom. In addition, some improvements were required with staff members' adherence to wearing personal protective equipment (PPE) in line with best practice.

For the most part, there were suitable fire containment and management measures in place. For example, there were regular fire evacuation drills taking place. However, improvements were required to the fire evacuation procedures and a personal emergency evacuation plan (PEEP) to ensure they adequately guided staff.

Regulation 17: Premises

The premises was homely and for the most part found to be clean. Any identified areas are being actioned under Regulation 27: Protection Against Infection. The centre had adequate space for the residents to have recreation and space and the garden was observed to have age appropriate play facilities.

The provider had identified some areas that required repair and or redecoration and these were internally reported to the provider's maintenance department prior to this inspection. For example, the utility room ceiling required repainting after it had been repaired and a curtain pole in one sitting room had become loose on one side.

Some issues had been identified in relation to dampness observed in a resident's bedroom and the utility room. The provider had taken some measures to address this, for example a vent was put into the resident's bedroom.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe 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 wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

There were arrangements in place to prevent or minimise the occurrence of a healthcare associated infection. For example, there was a colour coded system for cleaning aids in order to prevent cross contamination.

However, some improper use of gloves was observed when staff were moving between tasks. Review was required in the provider's assurance of staff's adherence to PPE being used appropriately for the task required.

In addition, the inspector observed that there was no toilet roll in one bathroom and nothing to dry your hands with in the other bathroom. The inspector had to bring this to the attention of staff members. The inspector observed that this issue was also identified in a previous audit by the provider.

It was also observed that some areas required a more thorough clean. For example:

- a build-up of dust was observed in some areas, for example around the headboard of a resident's bed
- the bottom of bean bag in one resident's room and the corner of the room where the bean bag was located were observed to be dirty
- the box covering some piping in the bathroom was dirty
- the base of the toiletries boxes in the bathroom were found to have residue on them
- the jug used for bathing for one resident was observed to have pooled water in it and this could lead to the breeding of bacteria through stagnant water.

Additionally, from a small sample of residents' pillows no pillow protectors were observed and one pillow was observed to be stained.

Furthermore, some areas required repair to ensure they were able to be fully cleaned. For example, the plaster was broken on some walls and the radiator in the main bathroom was slightly rusty and or the surface was peeling.

Judgment: Not compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced.

There was evidence of periodic fire evacuation drills taking place and up-to-date PEEPs in place. However, one resident's PEEP did not adequately guide staff in the event if the resident refused to leave the centre in the event of an evacuation which commonly happened during practices of fire evacuation drills. Some of the language

used was vague and could be left open to interpretation. For example, it stated physical intervention to be used if necessary; however, it did not elaborate as to what that meant in practice. The inspector spoke with two staff members and they gave different methods by which they would support the resident to leave. One of the staff had recently started work in the centre; however, they had not read the resident's PEEP.

Furthermore, the fire evacuation plan for the centre was a generic evacuation plan and not specific for the needs of the residents. It did not adequately guide staff as to how to support the current residents to safety. For example, it did not state the order in which residents were to be evacuated or staffing allocations.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was an assessment of need in place for each resident, which identified their health care, personal and social care needs. In addition, there were personal plans in place for identified needs.

One resident had received an SLT assessment shortly after their admission to the centre. However, the majority of recommendations made in the report did not appear to be implemented in order to support the resident's communication. For example, the use of a picture board for 'first' and 'then' to support the resident's understanding of their day plan had been recommended; however, at the time of the inspection it was not being implemented. In addition, the communication plan in place did not reference the recommendations in SLT report and it was limited in the information provided for staff in order to support the resident's communication.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified. Healthcare plans outlined supports provided to residents to experience the best possible health, for example an eating drinking and swallowing plan. Residents were facilitated to attend appointments with health and social care professionals as required, for example a neurologist and a dietitian.

Judgment: Compliant

Regulation 7: Positive behavioural support

Restrictive practices were logged and periodically reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration. For example, a locked door between the main part of the house and the extension was no longer kept locked and a resident was being encouraged to expand on what areas of the house they used.

Where residents presented with behaviour that challenged, the provider had arrangements in place to ensure these residents were supported and received regular review.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. For example, staff were trained in safeguarding. Staff spoken with were clear on what to do in the event of a concern. In addition, residents were observed to appear content in their home.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were being protected by the systems for consultation with them, respecting their known preferences and wishes regarding their day-to-day lives and respecting their privacy and dignity. For example, staff spoken with were very familiar as to when one particular resident would prefer space and privacy and staff communicated to the inspector that they respected the resident's preferences. There were regular residents' meetings taking place and different topics were observed to be discussed. For example, fire safety and the benefits of trying new foods were discussed. Staff were promoting residents to eat more varied foods and encourage their independence of feeding themselves where possible.

The provider had arranged for one resident to access an external advocate to support them to gather their thoughts and feelings around their family and life situation.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oaklands House OSV-0008350

Inspection ID: MON-0038262

Date of inspection: 16/01/2024

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 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A deep clean will be carried out on all identified areas with further focus on hidden areas where dust can build up. Any surfaces which are in need of repair will be repaired or replaced so they can be properly cleaned on an ongoing basis.</p> <p>Appropriate use of PPE will be discussed with care team in next team meeting. Staff member who on the day showed inappropriate use of PPE will repeat PPE training. Aseptic technique training has since been completed by all care staff members.</p> <p>Nightly checklist to include checks for toilet roll, hand towels etc. Management will continue to complete monthly internal audits on infection control and prevention along with 6 monthly unannounced audits.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>PEEP has been updated with clarity on procedure care staff are to follow. Emergency evacuation plan will be updated to reflect step by step procedure for evacuations.</p> <p>Practical fire awareness sheet implemented to be completed with staff currently in place and going forward all new staff at induction. PEEP's will continue to be reviewed and discussed with all staff in team meetings.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Personal plan will be updated to include recommendations from recent SLT report as appropriate. New communication passport template put in place, same will be filled in for all residents with communication needs. Communication strategies will be discussed with all team members at team meetings.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	07/03/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	07/03/2024
Regulation	The registered	Substantially	Yellow	07/03/2024

28(4)(b)	provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Compliant		
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	07/03/2024
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	07/03/2024