Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Oldfield Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	15 January 2025
Centre ID:	OSV-0001510
Fieldwork ID:	MON-0045584

About the designated centre

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

Oldfield Services is a designated centre which offers full-time, part-time and respite services to residents with a low to moderate intellectual disability. The centre can also support residents with complex needs such as behaviours that may challenge, epilepsy, autism and mental health issues. A social care model is provided in the centre and residents are supported by both social care workers and care attendants. Staffing arrangements in this centre facilitate residents to engage in community activities and a sleep in arrangement of one staff member is used to support residents during night time hours. The centre is a large, two-storey, building which is located in a suburban area of a large city. Each resident has their own bedroom and there is ample shared living arrangements for residents to have visitors in private, if they so wished. There is also a large patio area for residents to enjoy and there is transport available for residents to access the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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
Wednesday 15 January 2025	12:30hrs to 16:45hrs	Ivan Cormican	Lead
Wednesday 15 January 2025	12:30hrs to 16:45hrs	Anne Marie Byrne	Support

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor the quality and safety of care which was provided to residents. The inspection was carried out following the receipt of unsolicited information relating to concerns around the quality and safety of care in this centre. It was also conducted to follow up on the actions taken by the provider to bring the centre back into compliance since the last inspection, which occurred in August 2024. There were significant areas of non-compliance found upon that inspection in relation to safeguarding, governance, fire safety and the notification of incidents. Following that inspection, due to these issues that were identified, the Chief Inspector of Social Services, made the decision to place a restrictive condition on the registration of this centre, requiring the provider to bring the centre back into compliance with the regulations by May 2025.

Separate to this, in October 2024, the provider contacted the office of the Chief Inspector, to inform that following their own internal review of this centre, they had identified a number of specific concerns relating to the operation of this designated centre, and recognised that considerable input was required to address these. In conjunction with their compliance plan response from the August 2024 inspection, they also gave additional assurances around the action they planned to take to address the concerns which they themselves had identified. This included their plan to input intensive support and resources into this centre, along with a complete revision of the staffing and management structure of the service.

The compliance plan response submitted by the provider on foot of the last inspection was extensive in the actions that the provider committed to undertake. This included an outline of the changes being made to the staff and management structure, additional resources and supports that would be put in place, series of reviews and projects that would be undertaken to seek the views and voice of the residents, compatibility reviews, enhanced risk management activities, and the overall changes that would be made to better safeguard and enhance behavioural support. All of which were reviewed by inspectors as part of this inspection, which found that considerable improvements were made in relation to staffing arrangements, positive behavioural support, fire safety and notification of incidents. However, despite these intensive resources and supports, issues with regards to safeguarding have continued. Furthermore, the provider had not fully implemented all actions, or assessed the overall effectiveness of the actions which had been implemented, to ensure that they had actually made a difference to the quality and safety of care in this centre. There was also significant failings found, where the provider had not utilised direct feedback from residents. This information was gathered in October 2024, residents clearly indicated to their dissatisfaction with some aspects of the service they received, and no further follow-up had been carried out with residents to assess if residents felt any happier and safer in their home.

The inspection commenced in the early afternoon and it was facilitated by the

centre's person in charge. They were appointed to the role in October 2024, and tasked with reviewing all operations of this centre, and to oversee the actions being carried out by the provider to address the concerns with regard to the provision of care. They had undertaken substantial work in relation to the staffing arrangement, and in the oversight risk. They had a good understanding of the residents' needs, and were very familiar with the improvement works undertaken to bring this centre back into compliance.

The centre was large two storey house located in a quiet neighbourhood in Galway city, and close to nearby shops and amenities. It could accommodate five residents at any one time and there were three full time residents using this service on the day of inspection. In addition, three residents availed of a shared placement, with two of these residents using the service at any one time. Some of these residents had complex behavioural support needs and required constant staff support and supervision, along with regular multi-disciplinary review of this aspect of their care. Others required staff support for their social needs, and had more mild-moderate care and support requirements. Due to the number of safeguarding incidents that had previously occurred in this centre, and five safeguarding plans were required to maintain residents safety. These had resulted from negative peer-to-peer interactions, some of which had resulted in potential injury to residents. There was also on-going staff support and supervision required to ensure these plans were implemented properly. There was also significant input required by this centre by the relevant professionals, in the review of any behavioural related incidents that resulted in a safeguarding concern.

Five residents returned to the centre in the late afternoon and met with inspectors. Residents were in good spirits and they chatted about a recent birthday party and also an upcoming party which they were looking forward to. There were four staff on duty at this time and the person in charge, which meant that ten people were in the centre. Both residents and staff had congregated in the kitchen and dining area. Inspectors found the environment was challenged to cater for this volume of people, with little personal space offered and a very noisy and busy atmosphere was observed. Residents appeared used to this noise; however, inspectors found it was not a pleasant atmosphere in which to live.

In response to the last inspection, the provider committed to a project in which the views of the residents would be sought to assist in determining their experience of living in this centre. The person in charge stated that one resident did not wish to participate in the project, and this was respected. An inspector reviewed records of three interviews which were held with the other residents. One resident indicated that they were happy with their home; however, two residents clearly stated their dissatisfaction with their home. Both of these residents referred to shouting and hitting which was occurring, and one resident said it was important "to close the door in time" in case a peer was hitting anybody. Both residents indicated that safety in the centre needed improvement, and it was clear to the inspector that both residents were profoundly unhappy with certain aspects of care, including safety and interactions with a peer. Inspectors found that residents were clearly telling the provider of the situation in their home, where they felt was unsafe, not meeting their needs and not a nice place to live at times. However, no immediate action was

taken to support their voice in this situation.

In the weeks subsequent to this project, a serious peer-to-peer incident occurred which prompted a full review of the incident and service. Actions from this review clearly stated that further consultation with residents was required to determine their experience of care and given a date for completion 04/12/2024; however, no further consultation with residents had occurred as stated by the 15/01/2025.

The provider was well aware of the vast improvements required to improve the quality and safety of care, along with bringing the centre back into compliance, despite the actions taken in the weeks prior to this inspection, improvements remained with regard to safeguarding and also recognising and addressing areas of the service that the residents themselves had told the provider they were unhappy with. Overall, the failure to act on what residents were saying was a missed opportunity by the provider to rectify issues within this centre.

As mentioned above, the crowded environment, given the high footfall of staff along with five residents, did compromise on the quality of living space, and attributed to high volume levels within the residents' home. Inspectors found that although actions had been taken by the provider to safeguard residents and improve the governance arrangements, safeguarding concerns continued to occur which compromised safety and the lived experience of residents.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This inspection was conducted to review the actions taken by the provider to bring the centre back into compliance and also the progress made in relation to adhering to the restrictive condition which was applied to centre's registration. Inspectors acknowledged that substantial work had been undertaken by the provider to improve the quality and safety of care; however, issues remained on this inspection in regards to the governance arrangements and the associated ability of the provider to implement actions to achieve a suitable standard of compliance with the regulations.

As mentioned in the opening section of this report, an aspect of this inspection was to determine if the actions taken by the provider had a positive impact on residents' lives and brought the centre back into compliance with the regulations. Inspectors noted improvements with regards to fire safety and that the provider had been open and transparent when dealing with, and managing complaints. However, although their had been a significant work in terms of reviews, multidisciplinary input and also new management arrangements, at the end of the day, the provider did not act on what residents were saying about safety in their home. In addition, multiple safeguarding concerns continued to occur since the last inspection, with four peer to

peer safeguarding incidents reported in the four weeks prior to this inspection, despite intensive input from the provider's safeguarding and behavioural support teams.

The last inspection of this centre outlined that key areas of care, including safeguarding and the governance arrangements were not in compliance with the regulations and this was having a negative impact on residents' lives. In response, the provider submitted an action plan to the Office of the Chief Inspector which detailed how the centre would be brought back into compliance. Four key aspects of this plan were:

1. Complete a comprehensive service review
2. Complete suitability and compatibility assessments
3. Complete a project on residents' lived experience
4. Complete ongoing reviews of safeguarding

At the time of inspection, the comprehensive service review had been replaced with specific service review following a serious incident which had occurred in October 2024, with 13 recommendations made as part of this review. The suitability and compatibility assessment had only been completed for one resident. The project on residents' lived experience was completed, but the provider did not act on what residents were telling them about life in the centre. Although safeguarding was kept under regular review, safeguarding incidents continued to occur. Inspectors found that the lack of progress with this action plan, and failure to respond to key issues in regards to safeguarding, compatibility and residents' lived experience did have a negative impact on the provision of care and indicated that the governance arrangements required further improvements.

The provider was asked to submit an update on the progress made with the 13 recommendations made as part of the service review, which showed that good progress had been made with many of the recommendations, including the review of a serious incident, complaints and meetings with staff. However, an additional recommendation made to revisited residents' lived experience of the centre had not been completed and a revised date for completion within two weeks was included.

Inspectors found that the actions taken by the provider since the last inspection had stabilised, but had not improved the overall lived experience of residents who used this service. The failure of the provider to actually listen to what residents were saying about life in their home did have a negative impact on the provision of care, whereby negative interactions and associated safeguarding incidents continued to occur.

Regulation 15: Staffing

Since the last inspection, the provider made a number of changes to the staffing arrangement for this centre. Increased staff support was provided day and night, and a further staff member was assigned to the service to specifically oversee

behavioural support arrangements. A number of new staff members had also been recruited over the last number of months, all of whom were provided with induction before directly working with these residents. Regular agency staff were also required from time to time to fulfill gaps in the roster. There was also a new person in charge and team leader recruited for the centre, who were due to commence their roles in the week after this inspection. The person in charge was cognisant of the impact to residents during these multiple changes to staffing arrangements, and did engage with residents to keep them informed where new staff members were starting work in this centre. However, upon review of the roster for this centre, it was observed that further oversight was required where rostering changes occurred, to ensure clarity was maintained on the exact start and finish times worked by staff in this centre. This was brought to the attention of the person in charge who was rectifying these amendments before close of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received the training they required appropriate to their role. At the time of this inspection, the person in charge had a schedule of staff supervisions, which they intended to commence with all staff members subsequent to this inspection.

Judgment: Compliant

Regulation 23: Governance and management

A substantial body of work was required to bring this centre back into compliance with the regulations. Since the last inspection, safeguarding concerns continued to occur, the centre had received a number of complaints and two residents had been involved in a serious incident.

Although the provider had significantly increased resources available to the centre, inspectors found that the actions taken had stabilised the delivery of care but failed to address the larger safeguarding and compatibility issues. Key aspects of the action plan submitted to the Office of the Chief Inspector were not completed or only partially completed within the stated timeline. As a result, inspectors found that the provider's governance arrangements were not of a suitable standard to bring about sufficient change in regards to the delivery of care.

In addition, residents had clearly indicated their significant concerns and dissatisfaction with the service provided. However, the provider did not act swiftly upon what residents had said about compatibility and safety within their home, which had a negative impact upon their rights, safety and safeguarding in the

centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, review, response and monitoring of all incidents that occurred in this centre. They had also ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

At the time of this inspection, there was an open complaint which the provider was reviewing in line with their own policy and procedure. An accurate account of the context of the complaint was recorded, and of the actions taken since it was received. At the time of this inspection, the provider was maintaining regular contact with the complainant with regards to the progress being made in dealing with their complaint.

Judgment: Compliant

Quality and safety

Inspectors found that the quality and safety of care provided to residents had stabilised; however, issues remained with regards to safeguarding and supporting residents' rights. In addition, inspectors found that a communal area within the centre were noisy and left little room for personal space when all residents and staff were present.

Since the last inspection of this centre, the number of staff had increased in response to safeguarding concerns. On the day of inspection, inspectors found the centre had a high noise volume and the kitchen area had little room for person space when the centre was fully occupied with residents, staff and management. Residents had informed the provider about shouting which they had heard in their home and also their safety concerns. However, the provider had not reassessed the environment in which residents lived, to ensure the premises was of a suitable size and layout, considering the recent safeguarding concerns and high footfall of

residents, staff and management.

There had been 14 safeguarding incidents since the last inspection fo this centre in August 2024. Although safeguarding concerns had recently decreased in terms of intensity and frequency, they still continued to occur despite intensive input from behavioural support and the safeguarding teams. Inspectors found the ongoing review of safeguarding measures had not brought about sufficient change in protecting residents from harm. Five safeguarding plans were required in this centre to protect residents and although these plans had been reviewed on the day prior to the inspection, two of these plans failed to account for recent safeguarding concerns in terms of the effectiveness of the measures taken to prevent further concerns from occurring. In addition, three of the plans did not clearly outline what the actual safeguarding issue was and one plan failed to take account the main action to reduce concerns which was the allocation of one-to-one staffing for a resident.

As mentioned earlier in the report, the provider had completed a project which sought the residents' views on their lives and living in this designated centre. Although this was a positive initiative, the provider did not listen to what residents had told them in regards to their safety concerns and also compatibility issues within their home. In addition, a recommendation to further consult with residents with regard to their living in this centre had not been completed or explored. As a result, inspectors found that residents' rights in terms of consultation and supporting them with their concerns was not supported.

Overall, inspectors found that the provider was committed to the delivery of a good quality service; however, fundamental issues with regards to safeguarding, including the effectiveness of the safeguarding review process continued to have an impact on care. In addition, although there was active consultation with residents, the provider did not actively listen and act upon safety and compatibility issues which residents had raised. Furthermore, the provider failed to re-examine the environment and premises to ensure that it was meeting the resident's needs and not contributing to ongoing safety concerns.

Regulation 26: Risk management procedures

Incidents occurring in this centre were being reported, and there was a noted decline in the number of recent incidents. Of the incidents that were still occurring, there was improvement to the provider's response and management in relation to these. There was better communication about safeguarding and behavioural related risks arising from these incidents among staff members and the management team, with added the involvement of relevant multi-disciplinary professionals, as and when required.

However, despite the intensive input from the provider over the weeks prior to this inspection in relation to managing and responding to safeguarding, negative peer-to-peer interactions and behavioural support related incidents, some of these incidents still were occurring. Although there was clear evidence that these were

being reviewed, further action was required by the provider to review the overall effectiveness of the measures that they had in place, so as to try better mitigate against similar incidents from re-occurring.

In addition, improvements were also required to some aspects of how risk was being assessed for. For example, for one particular resident who had specific risks that required on-going review and oversight, the risk assessments relating to these areas of their care required further review, particularly with regards to their behavioural support and assessed health care needs.

Judgment: Substantially compliant

Regulation 28: Fire precautions

For the purpose of this inspection, this regulation was not reviewed in its entirety. This inspection specifically reviewed the arrangements that the provider had put in place to rectify an area of not-compliance found upon the last inspection,

The last inspection resulted in an immediate action being issued to the provider to address a fire risk observed to a switch in the hot press. This was observed by inspectors to have been satisfactorily rectified.

Judgment: Compliant

Regulation 7: Positive behavioural support

In recent months, the provider had placed a large emphasis on reviewing the behavioural support arrangements in this centre. Behavioural related incidents were promptly reviewed, and better measures were put in place to support residents with assessed behavioural support need. For example, increased staff support was now available to these resident, an intensive support worker was assigned full-time to the service to support staff with implementing recommended behavioural support interventions, and there were also regular staff team and MDT meetings being held to review the overall effectiveness of behavioural support arrangements.

At the time of this inspection, there was also behavioural support plans in place and these were in the process of being updated following a meeting that was held the day before this inspection.

Judgment: Compliant

Regulation 8: Protection

Five safeguarding plans were required to protect residents from harm in this centre. There had been a considerable focus on safeguarding since the last inspection of this centre and it was clear that the provider had taken the situation in the centre seriously. However, inspectors found that the actions taken had not eliminated safeguarding concerns despite ongoing support from the behavioural support and safeguarding teams.

Four of the safeguarding plans reviewed did not explain what the resident was being protected from, and reviews which had occurred the day prior to this inspection did not indicate that recent safeguarding issues had occurred and if the current safeguarding plans were effective or required amendments. In addition, these plans were not dated as reviewed and one plan did not highlight a serious incident which had occurred in the recent past.

Of concern to inspectors is that some residents told the provider actually what it was like to live in their home. They clearly explained or indicated that safety needed to be improved, shouting and hitting was occurring and they had to close doors as a preventative safety measure. Inspectors found that the failure of the provider to actual listen to what residents had clearly told them was a poor reflection on safeguarding in this centre and indicated that fundamental issues with regards to protecting residents remained an issue which required prompt attention.

Judgment: Not compliant

Regulation 9: Residents' rights

Some residents who used this service had informed the provider about their dissatisfaction with the service they received. Residents had either stated or indicated that safety needed to be improved and that shouting and hitting could occur within their home.

Although the provider was aware of the these issues, sufficient action was not taken to address the residents' concerns. In addition, recommendations to further consult with residents in relation to their lives had not been completed within the required timelines, and inspectors found that the situation within the centre was having a negative impact on their rights.

Judgment: Not compliant

Regulation 17: Premises

The centre is registered to cater for five residents at any one time. Since the initial registration of this centre, some of the residents' care needs had changed and additional staffing is required to keep residents safe from harm.

Inspectors noted that a significant number of behaviours of concern, which had lead to safeguarding concerns, had occurred in communal areas such as the kitchen and adjoining sitting and dining rooms. Residents had informed the provider that they had to close a door to protect themselves and they regularly heard shouting and observed hitting.

On the day of inspection, inspectors observed a busy and noisy environment in the kitchen area, where ten residents and staff had congregated. Inspectors found the environment was challenged to cater for this volume of people, with little personal space offered and a very noisy and busy atmosphere was observed. Residents appeared used to this noise; however, inspectors found it was not a pleasant atmosphere in which to live.

Inspectors found that the provider had not reassessed the size and layout of the centre, to determine if it contributed to safeguarding concerns, or if it was suitable to meet the changing needs of residents, considering the increased footfall within the centre.

Judgment: Not 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant
Regulation 17: Premises	Not compliant

Compliance Plan for Oldfield Services OSV-0001510

Inspection ID: MON-0045584

Date of inspection: 15/01/2025

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 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

All staff have read and signed off the five active safeguarding plans in place in the centre. Safeguarding is a permanent agenda item at every resident and staff meeting. All alleged concerns are reported in line with the organisational incident management policy, to the Designated Officer and submitted to the regulator in line with Regulation 31.

Suitability and Compatibility assessments have been completed for all residents living in Oldfield Services. Outcomes from these assessment have been notified and discussed at the Provider's Admission, Discharge and Transfer Committee. It has been identified by the Provider that suitable alternative living options will be secured for each person with a corresponding tranistion plan by the 31/05/2025.

This is an extensive process that will involve identification of suitable alternative living options consultation with the residents, their families/representatives and exisiting residents in the proposed alternative centres. It is anticipated that this process will be completed by 31/05/2025.

The Provider has ensured that all lived experience interviews has been revisited with each person by consent and is monitoring all feedback provided by each residents.

A new Person in Charge has been appointed and a Team Lead will commence in the centre by the end of February. The Person Participating in Management has scheduled weekly meetings with the new Person in Charge, which will be recorded to reflect discussions on staffing levels and residents' interactions in relation to rights, safety and safeguarding.

The PPIM and Person in Charge will ensure that all actions identified in this report will be monitoring at least on a monthly basis alongside the action identified in the Provider's Specific Service Review

The Provider will ensure that all audits are conducted in this centre in line with the Provider's schedule of audits. These audits will inlcude a review of the actions identified in this report as appliacable, i.e safeguarding, incident management, key working audit that promotes resident's rights and the IPC & Maintenance Audit.

In line with regulation 23, a person nominated by the provider has scheduled further unannounced visits to the service and they will monitor and review the actions identified in this report to ensure effective monitoring and oversight for sustained improvements in the designated centre.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Suitability and Compatibility assessments have been completed for all residents living in Oldfield Services. Outcomes from these assessment have been notified and discussed at the Provider's Admission, Discharge and Transfer Committee. It has been identified by the Provider that suitable alternative living options will be secured for each person with a corresponding tranistion plan by the 31/05/2025. This is an extensive process that will involve identification of suitable alternative living options in consultation with the residents, their families/representatives and exisiting residents in the proposed alternative centres. It is anticipated that this process will be completed by 31/05/2025.
All residents individual risk assessments have been reviewed and updated to reflect specific and individualised detail for each resident, and safety controls in place . A schedule of risk assessment reviews has been implemented by the Person in Charge within defined timeframes and/or as required.This commenced on the 04/02/2025.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Suitability and Compatibility assessments have been completed for all residents living in Oldfield Services. Outcomes from these assessment have been notified and discussed at the Provider's Admission, Discharge and Transfer Committee. It has been identified by the Provider that suitable alternative living options will be secured for each person with a corresponding tranistion plan by the 31/05/2025. This is an extensive process that will involve identification of suitable alternative living options in consultation with the residents, their families/representatives and exisiting residents in the proposed alternative centres. It is anticipated that this process will be completed by 31/05/2025.

All five safeguarding plans were reviewed and updated to include explanation of what the residents were being protected from, details from the incidents which occurred related to the safeguarding and insertion of appropriate dates for safegaurding actions to be completed. All safeguarding plans will be reviewed monthly or in event of a safeguarding

incident occuring. The most recent review of each safeguarding plan was on the 12/02/2025.
Recorded Safeguarding and the 'Right to Feel Safe' discussions were completed with all resident by the 21/01/2025 by the resident's keyworkers and are recorded in each resident's folder. Sessions have commenced with residents in relation to complaints through house meetings and the provision of information explaining how residents can bring up any issues that they are not happy with.
Safeguarding training was undertaken with staff via the staff team meeting on 14/01/2025 by the Designated Officer, and safeguarding remains a permanent agenda item for all staff team meetings.
The Provider has ensured that there are two additional Social Workers supporting the Designated Officer with safeguarding concerns.
The Principal Social Worker has been meeting with the Social Work Team on a weekly basis. The primary practices discussed at these weekly meetings include:
1. HIQA Compliance Reports
2. Safeguarding Concerns
3. Organisational Safeguarding Policy Review

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Suitability and Compatibility assessments have been completed for all residents living in Oldfield Services. Outcomes from these assessment have been notified and discussed at the Provider's Admission, Discharge and Transfer Committee. It has been identified by the Provider that suitable alternative living options will be secured for each person with a corresponding tranistion plan by the 31/05/2025. This is an extensive process that will involve identification of suitable alternative living options in consultation with the residents, their families/representatives and exisiting residents in the proposed alternative centres. It is anticipated that this process will be completed by 31/05/2025.

The Provider will continue to review the action plan attached to the specific service review on a monthly basis.
The Provider has ensured that all lived experience interviews has been revisited with each persons consent and is monitoring all feedback provided by each residents.
The Person Participating in Management has scheduled weekly meetings with the new Person in Charge, to review at a minimum staffing levels and residents' interactions in relation to rights, safety and safeguarding.
Human Rights Based Approaches is scheduled for completion by all staff working in the designated centre by the 28/02/2025.
Safeguarding and the 'Right to Feel Safe' was completed with all resident by the 21/01/2025. Sessions have commenced with residents in relation to complaints through house meetings and the provision of information explaining how residents can bring up any issues that they are not happy with.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Suitability and Compatibility assessments have been completed for all residents living in Oldfield Services. Outcomes from these assessment have been notified and discussed at the Provider's Admission, Discharge and Transfer Committee. It has been identified by the Provider that suitable alternative living options will be secured for each person with a corresponding tranistion plan by the 31/05/2025. This is an extensive process that will involve identification of suitable alternative living options in consultation with the residents, their families/representatives and exisiting residents in the proposed alternative centres. It is anticipated that this process will be completed by 31/05/2025.

Prior to this inspection, the Provider had undertaken a number of improvements to the premises, however on completion of the above process it is expected that the footfall in the designated will be reduced.
The Provider will ensure that any future admission to this designated centre are in line with Regulation 5, the Statement of Purpose and the completion of a Suitability and Compatibility Assessment.

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/05/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/05/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/05/2025
Regulation 26(2)	The registered	Substantially	Yellow	04/02/2025

	provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Compliant		
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/05/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/05/2025