



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:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	18 October 2024
Centre ID:	OSV-0008064
Fieldwork ID:	MON-0035644

About the designated centre

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

The designated centre is a ground-floor apartment that can provide 24-hour care and support to three adults diagnosed with autism, including other complex needs. There are three bedrooms in the designated centre, all of which have en-suite facilities. The apartment has a communal open-plan area with a kitchen/ dining room and sitting room. There is a utility room and one additional shared bathroom. There is also an office for staff where administration takes place. Part of the designated centre has a self-contained apartment with a kitchenette and living space for one resident. The designated centre is supported by a staff team of an area manager, a person in charge, a senior social care worker, social care workers and support workers.

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 18 October 2024	08:45hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection. The findings from the inspection were positive. The inspector found following observations on the day, as well as a review of a large volume of information, that the residents were receiving a good standard of care that was provided to meet their needs. The inspector reviewed sixteen regulations. Fourteen were found to be compliant, and two were found to be substantially compliant.

Throughout the day, the inspector met with the two residents, two staff members, the person in charge and the provider's area manager. The inspector sat with one of the residents in the kitchen. The resident asked the inspector a number of questions about themselves and chatted with the inspector. The inspector asked the resident about their plans for the day; the resident spoke to the person in charge, stating that they no longer wanted to engage in the planned activity, and the person in charge said that this was fine and that another plan could be made. The resident then chose to end the conversation, preferring to re-engage in their writing.

The second resident introduced themselves to the inspector. The resident asked the inspector a number of questions and spoke to the inspector about some of the things they enjoy before leaving to engage in their morning routine.

Both residents appeared at ease in their environment. The inspector observed the residents interact with staff members throughout the day and noted that the staff members supported the residents and were knowledgeable of the residents' needs. For example, the inspector observed a resident become upset, a staff member responded to the resident per the resident's positive behaviour support plan and helped the resident to calm and re-engage in their morning activities.

As part of the provider's annual review, the residents had given feedback on the service they were receiving. In conjunction with this inspection, the residents had also been asked to provide feedback on what it was like to live in their home. The inspector reviewed the two sets of responses that showed that the residents were happy with the service provided to them.

Discussions with staff members and the review of information identified that both residents enjoyed being active, were involved in community groups and were supported by staff members to do what they wanted. The provider and staff team supported the residents in a person-centred manner, with the residents being the lead decision-makers and being supported to engage in activities separate from one another or together if the residents wished to do so.

In summary, the inspection was positive. The residents appeared happy in their home and their interactions with those supporting them. The inspector found that the provider had ensured that good management and oversight systems were in

place and that the residents were provided with a good service.

Capacity and capability

Overall, the review of information showed that the residents received a good service. However, some areas required improvement. It was necessary to ensure the person in charge had collated all information listed under Schedule 2 of the regulation for each staff member. The review of information also identified that a notification had not been submitted by the person in charge. The impact of these issues will be discussed in more detail later in the report.

The inspector also reviewed the provider's arrangements regarding staff training, statement of purpose and policies and procedures. The review of these areas found them to comply with the regulations.

The staff team had been provided with appropriate training, and the review of rosters found that the provider had ensured that safe staffing levels were maintained.

In summary, the review of information demonstrated that while the residents were well cared for, there were improvements to be made in some areas.

Regulation 15: Staffing

The inspector found that the provider had ensured that safe staffing levels were maintained and that a consistent staff team was in place. The inspector studied the current roster and rosters for two weeks in June of this year. The residents received one-to-one support each day and were supported by one staff member at night. The inspector spoke to the two staff members during the day; staff members demonstrated that they knew topics including safeguarding, supporting the rights of the residents and a good understanding of the residents' needs.

The information review, however, did identify that there were improvements required to ensure that the person in charge had ensured that they had all the necessary information for staff members listed under Schedule 2 of the regulations. The inspector reviewed two of the staff team's records relating to Schedule 2 of the regulations. During the review, the inspector found that there was only one reference on file for one staff member when there should be two. This meant that the person in charge had not obtained the information and documents specified in Schedule 2 of the regulations for all staff, and this was an area that needed to be improved.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed the training records for staff members. Evidence showed that staff training needs were under regular review and that staff members attended training when required. While there was some outstanding training, the dates for completion had not yet expired, and there were arrangements for staff to complete the training.

Staff members had completed training in areas including:

- fire safety
- safeguarding vulnerable adults
- medication management
- infection prevention and control
- human rights-based approach
- Children first
- manual handling
- positive behaviour support

The inspector also sought to ensure that the staff team was provided with supervision. The inspector reviewed two staff members' records, which showed that the staff members had received regular supervision in line with the provider's processes.

Judgment: Compliant

Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that they were appropriate.

The inspector reviewed a large volume of information, demonstrating that the person in charge and the staff team were providing the residents with a service that was meeting their needs.

The provider completed the required visits and reviews. The provider had completed two unannounced service visits this year and prepared written reports on the safety and quality of care and support provided to the residents. A plan was then implemented to address concerns regarding the standard of care and support.

During the inspection, the inspector reviewed the action plans and followed up on these plans to evaluate whether the provider responded to their own audits. The inspector found that the provider and the person in charge were ensuring that the

actions had been addressed; for example, residents' positive behaviour support plans and risk assessments had been reviewed and updated following the action plan, there had also been gaps in staff training and these had also been addressed.

The person in charge and the provider had ensured that an annual review for 2023 had been completed as well; the review focused on the quality and safety of care and support provided to the residents. There were further auditing and monitoring systems in place. The provider had developed a "peer-to-peer quality review"; these were announced eight weekly visits. The inspector reviewed the last two review reports. Topics covered during the review include assessing

- the premises
- Infection Prevention and Control practices
- health and safety
- safeguarding and inspection concerns, complaints and compliments
- food and nutrition
- management of medication

The inspector found that the quality review was a good monitoring tool; other audits were being also conducted, including finance audits and medication audits.

In conclusion, the inspector's evaluation found that the provider and the person in charge had effectively monitored the service provided to the residents. The service was well-suited to the needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge is required to give the Chief Inspector notice in writing within three working days of certain adverse incidents, including any occasion where a resident has any unexplained absence. The inspector found that, when reviewing

adverse incidents that occurred, a resident had absconded from staff members. The staff members had managed the incident, and the resident was safe, but the person in charge had not submitted the required notification per the regulations.

The inspector found that the person in charge was submitting the other required notifications. Still, there was some improvement to ensure all the necessary notifications were submitted.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Per the regulations, the provider is responsible for writing, adopting, and implementing policies and procedures on the matters set out in Schedule 5. The inspector requested the Schedule 5 documents and found that the provider had developed all policies and procedures. There was evidence of policies being recently updated and others being reviewed.

In summary, the provider had ensured that there were policies and procedures for staff members to follow and that the documents were reviewed within the prescribed timeframes.

Judgment: Compliant

Quality and safety

The review of information and observations indicated that the residents received support in pursuing their preferences, and the staff team provided this assistance in a caring and respectful manner.

The provider ensured that the residents' needs were thoroughly assessed, and support plans were created to guide staff in delivering positive outcomes.

The inspector examined several areas, including risk management, positive behaviour support, premises, safeguarding, and fire precautions. The review found that these areas complied with regulations.

In conclusion, the provider, the person in charge, and the staff team offered a person-centred service that focused on helping residents achieve positive outcomes.

Regulation 13: General welfare and development

As discussed in the report's opening section, the current residents were supported to be active. The residents were engaged in groups, for example, going to the gym, going out for food, visiting family, going for walks, and engaging in everyday activities with the support of the staff team.

The inspector found through the review of information and discussions with the staff members that the residents were the decision-makers around their day. Staff members supported the residents when required, but the residents were as much as possible deciding the activities they wanted to do.

Judgment: Compliant

Regulation 17: Premises

The person in charge showed the inspector around the resident's home. The premises was well presented and clean. Pictures of the residents in the communal areas and visual aids were also available to support planning. The residents had ample space to relax or entertain visitors, and the residents, as noted earlier, both appeared content in their surroundings.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed adverse incidents the residents had engaged in during the previous twelve months. There were instances where the residents had placed themselves and others at risk. The inspector found there were systems to record these incidents and promote learning from them. During the large sample review, the inspector identified areas for improvement in the way incidents were recorded. The person in charge and the area manager had previously identified this. The area manager showed the inspector a new document that had been developed to enhance the recording of incidents, which the inspector found to be a positive step.

The inspector reviewed the risk assessments that had been developed for the residents. The assessments were linked to the residents' behaviour support plans, and the guidance was again clear and supported staff members to maintain the residents' safety.

The inspector found that the staff team and the provider were using positive risk-taking to support the residents in engaging in everyday activities. Incidents had

occurred, but there were examples of staff members managing the incidents and helping the residents have positive outcomes and engagements as much as possible.

In summary, the inspector found that the provider and the person in charge had ensured that risk management practices were appropriate and that they were maintaining the safety of the residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider captured information regarding fire precautions in one folder. The inspector reviewed this and found that the provider had established appropriate systems.

The fire drill records demonstrated that the residents had completed fire drills regularly. There was also evidence that the staff team safely evacuated residents during day and night-time scenarios.

The provider had ensured that the fire detection system and firefighting equipment had been serviced appropriately, and records showed that staff members had received proper training in fire safety.

In summary, the review of information showed that there were appropriate fire precautions in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed both residents' information. The residents' needs were assessed, and a document called "All About Me" was developed. The documents gave the reader insight into the things the residents enjoyed and do not enjoy and also gave the reader information on how to best support the residents. Topics covered in this document included residents' communication skills, how they interacted with others, their skills with forming and maintaining connections, things they enjoyed doing and sensory needs. The inspector found the documents well written and provided the reader with practical information to support the residents.

There was evidence to show that the residents' information was updated when required and that the information reflected the residents' current needs and areas in which they required support.

In summary, the inspector was satisfied that the provider had carried out comprehensive assessments of the residents' needs and that support or guidance documents had been developed to support staff in helping the residents reach their potential.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the residents had access to positive behaviour support when needed. Both residents had individual positive behaviour support plans, which the inspector reviewed. These plans were person-centred, focusing on understanding the residents' behaviour, the possible reasons behind challenging behaviours, appropriate responses to these behaviours, and strategies to reduce their recurrence.

The support plans had recently been updated in consultation with the staff team and the provider's multidisciplinary team. The plans included specific potential scenarios that could arise for each resident, along with steps to prevent or manage these situations. Additionally, the plans reviewed past incidents and identified lessons learned to minimize the chances of similar incidents happening again. The inspector analysed a large sample of adverse incidents that had occurred.

There was evidence that the staff team followed the support plans and helped residents manage their behaviour. The person in charge and the area manager discussed with the inspector new documents they had developed to assess the staff team's understanding of the positive behaviour support plans moving forward.

Judgment: Compliant

Regulation 8: Protection

The person in charge informed the inspector that safeguarding consultations were recently completed with the two residents. The inspector reviewed these and found that the residents were provided with information to develop their knowledge, self-awareness, understanding and skills needed for self-care and protection.

The person in charge responded to safeguarding concerns in an appropriate manner, ensuring the safety of the residents, completing investigations, and notifying the necessary bodies of the incidents. The inspector reviewed two active safeguarding plans and found that the focus was on maintaining the safety of residents.

Records showed that staff members had been provided with training in the area. A

staff member also demonstrated their knowledge when informing the inspector of the steps they would take if they had a safeguarding concern.

Judgment: Compliant

Regulation 9: Residents' rights

During the inspection, the inspector found that the rights of the residents were consistently respected and promoted by both the provider and the staff who supported them daily. The residents were encouraged to identify and engage in activities of their choice as much as possible. The staff team was observed responding to the residents' needs in a caring and respectful manner. A review of adverse incidents further demonstrated this commitment, as staff members had successfully supported residents to achieve positive outcomes during challenging situations.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Oaks OSV-0008064

Inspection ID: MON-0035644

Date of inspection: 18/10/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The current system for recording staff information is being reviewed by the HR Team on foot of this inspection report, in particular how staff information is communicated to the PIC.</p> <p>HR will continue to oversee that all documents are in place, in each staff file, and will update the procedure to reflect obligations under Schedule 2</p> <p>As an additional oversight, the HR team will communicate with the PIC, when all documents for each staff are in place, or if any documents remain outstanding.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The person in charge has since submitted the required notification of the adverse event identified by the inspector as above, which was an oversight on that one occasion.</p> <p>The person in charge understands the legal obligation under the regulations to submit all notifications of adverse incidents and will ensure going forward that all required notifications are submitted within the specified timeframes,</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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	18/10/2024
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Substantially Compliant	Yellow	18/10/2024