



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

Issued by the Chief Inspector

Name of designated centre:	Ash Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	17 August 2021
Centre ID:	OSV-0004695
Fieldwork ID:	MON-0033423

About the designated centre

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

Ash service is a full time residential service that supports up to seven adults with an intellectual disability, some of whom are on the autistic spectrum and who may present with behaviours that challenge and mental health issues. Individual day service programs or wrap-around services have been developed for residents in recent months. Ash services is made up of three houses; the residents residing in these houses receive varying levels of support, depending on their needs, from a team of social care workers and support workers. The houses are located in community settings in Co Roscommon, all residents have their own bedrooms and there is sufficient communal space for residents to entertain visitors and have privacy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 - 2015 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 17 August 2021	9:00 am to 5:00 pm	Catherine Glynn	Lead

What residents told us and what inspectors observed

The inspection was undertaken in a manner so as to comply with public health guidelines and reduce the risk of infection to the residents and the staff in the centre.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life. Residents had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed both in the centre and in the local community. Throughout the inspection it was clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

The inspector met with five residents who lived in this centre. The some residents were able to verbally express their views on the quality and safety of service, they were observed to be in good spirits and comfortable in the company of staff. Residents were smiling and were clearly relaxed and happy in the centre. Staff were observed spending time and interacting warmly with residents, and were supportive of residents' wished and preferred activities. Observations and related documentation showed that residents' preferences were being met.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families. This information was used for personalised activity planning for each resident. There were sufficient staff on duty in the centre to ensure that residents' support needs were met. The provider had ensured that day service staffing was maintained separate to the residential staffing allocation. Some residents received individualised support as a result and could take part in activities that they enjoyed without impacting on the plans and preferences of others. During the inspection, residents spent much of their day away from the centre. For example, one resident was planning to complete some up-cycling activities and a meal out that day. Another resident was enjoying listening to country music and interacting with staff, while other residents spent time attending an appointment.

During the inspection it was clear that staff communicated calmly and kindly with residents. Communication plans had been prepared for residents to help them to communicate needs. Some of the communication techniques used included photographs to identify staff on duty and clear pictorial information.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean, spacious, suitably furnished and decorated and equipped to meet the needs of residents. communal areas were decorated and equipped to meet the needs of residents. There was Internet access, television, games, and music choices available for residents. There were suitable colour schemes, and comfortable soft furnishings and decor. There was adequate

communal and private space for residents, a well equipped kitchen and sufficient bathrooms.

Residents had their own bedrooms which were comfortably decorated, furnished and person centred. Residents' bedrooms were very individualised with a very varied range of decor and themes in each room in accordance with residents' wishes. Some rooms were decorated in calm, relaxing colours, while other were vibrant and represented themes and interests that residents were passionate about. There was adequate furniture in which residents could store their clothing and belongings.

At the rear of each house there was a spacious, secure garden that was planned to suit the needs of all residents and to support their enjoyment of this outdoor space. There were several sets of garden furniture so that residents, who chose to could maintain their personal place outdoors while dining or enjoying activities of their choosing.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The providers management arrangements ensured that a good quality and safe service was provided for people who lived at this centre. There were strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this. However, one area required improvement, including the quality of the environment in two houses, which was linked to the actions identified from the last inspection. This will be outlined in the next section of the report.

There were sufficient staff on duty on the day of inspection in order to meet and support the needs of the residents living in the centre. These staff were employed on a regular basis by the provider and had developed good relationships with the residents. The inspector observed warm and engaging interactions between residents and staff and it was clear that the relationships were mutually respectful and beneficial to the residents and staff members supporting them. The provider had a clear roster in place, which ensured that there were sufficient staff on duty at all times. Where necessary, staff provided overnight cover on a sleeping or waking night basis, as residents needs required. The provider was able to demonstrate good practice in relation to the recruitment of staff ensuring that all required pre-employment clearances had been completed for staff working in the centre, including evidence of current Garda Vetting clearances.

Staff training records demonstrated that the provider had continued to ensure that staff receiving regular training and refresher training, with an emphasis on mandatory training, due to the current COVID-19 restrictions. Furthermore, the

provider had committed to offering bespoke training to ensure staff were supported to meet the needs of all residents in the centre. This included, dementia awareness, diabetes, dysphagia and autism. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

The person in charge held team meetings with the staff in the centre as scheduled at which a range of relevant information was discussed and shared. These included ongoing care, support and progress of each resident, and actions from previous staff and COVID-19 were included at every staff meeting. A sample of staff members' supervision records were also reviewed, it was found that the person in charge was ensuring that the staff team were appropriately supervised.

The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of infection should it occur. Furthermore, the centre was suitably resourced to ensure effective delivery of care and support to residents.

Records viewed during the inspection, such as staff training records, personal plans, COVID-19 and infection control, were comprehensive, informative and up to date. There was an informative statement of purpose which gave clear description of the service and met the requirements of the regulations.

There was an effective complaints procedure that was accessible to residents. The inspector reviewed the centre's complaints log and noted that there were systems to respond to complaints in a prompt manner.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application for its renewal of registration to the chief inspector in the form determined by the chief inspector and included the information set out in Schedule 1.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre. The person in charge had the required management experience and qualifications. The person in charge was knowledgeable on the residents' needs and on their individual support requirements.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the management team and these were accurate at the the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who had worked in the centre had received mandatory training in fire safety,behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and maintained a directory of residents in the centre. The inspector found that it contained all the required information as specified by the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured a contract of insurance against injury was in place in the centre and was in-date as required.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place had ensured the service provided to residents were safe, effective and monitored on an ongoing basis. The provider had appropriate resources in place including staffing, equipment and staff training.

There was a clearly defined management structure and staff reported to the person in charge. An annual review of the quality and safety of care and support had been completed and considered the views of the residents and their representatives. A six monthly unannounced visit by the provider had also been completed.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Adverse events and incidents as listed in the regulations that occurred in the centre were reported within the prescribed period.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, enabling their welfare and wellbeing to be maintained, and their rights to be upheld. The care and support embraced a person centred culture, developing the skills and independence of residents, while promoting their participation in their home and broader community life. Improvement was required in some aspects of the maintenance of premises in the centre.

Each resident had an assessment of need completed, which was informed by reviews and recommendations by allied healthcare professional. Assessments were regularly reviewed, and as needs changed. Personal plans were developed and detailed the support residents required to meet their needs. The inspector found that there was detailed health care plans outlining the support needs required. Staff spoken with were found to be knowledgeable on these needs and on the support requirements. In addition, residents' healthcare needs were monitored in an ongoing basis, in accordance with plans, and residents had regular access to the appropriate healthcare professionals as required.

Residents were supported to develop and realise meaningful goals and there was regular review of the progress of their goals. For example, a resident had a goal to develop their garden, and was progressing through a number of self-help independence skills, which included gardening, and upcycling garden furniture. On the day of the inspection, the resident was proud showing their work and talked about further plans in place with support from staff.

The inspector noted that residents were supported with their emotional needs and could access the services of a psychiatrist, psychologist and behaviour therapist. Behaviour support plans were developed and regularly reviewed. Restrictive practices were implemented in accordance with best practice and there was evidence of regular reviews. Restrictive practices were implemented in accordance with best practice and there was evidence of regular review, and reduction in restrictive practices where appropriate.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and support of a designated safeguarding officer as required.

On review of residents' rights the inspector found that residents participated and consented to decisions about their care and support. The residents views and wishes, and as such their choices, were key factors in the decisions on the way the centre was organised, and how care and support was provided. As described individual activity choices were respected and provided for, as was residents' choices on food and drink preferences. Residents' privacy and dignity was observed to be respected, in that residents had their own rooms, personal information was securely

stored, and staff were observed to assist residents in a respectful and dignified way.

There was a system in place to manage risks in the centre and to report and respond to adverse incidents. Individual risks had been identified and control measures were in place to mitigate the risks presented. Adverse incidents had been reported and recorded, with follow up actions taken to prevent re occurrence inform learning.

The inspector reviewed all premises of the designated centre and found it was comfortable, spacious and well laid out. However, the premises had not been appropriately maintained, there were significant areas for improvement. This included, damaged internal walls, worn kitchen counter tops and cupboards, damage to tiled and wooden flooring, internal and external painting. Replacement of blinds and curtains in one house, replacement of sanitary ware in a bathroom, stains and discolouration of a bathroom floor. While the person in charge had highlighted and appropriately reported these issues, appropriate action had not been taken by the provider.

There were suitable systems in place to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

Regulation 10: Communication

The residents were supported to communicate in their preferred manner and had communication plans in place, with pictorial images and easy read documents to assist them where necessary. They also had access to technology and their own phones to stay in touch. It was apparent from observation that the staff and the residents communicated easily and warmly.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of three buildings located across a local community. Each of these premises offered a residential services. During the walk around of these centres the inspector noted significant improvements as identified in the last inspection, had been addressed and were under regular review and monitoring by the person in charge. The inspector did note the following; in the first house visited, the bathroom required review as the sanitary ware was worn and discoloured in

appearance. On the floor in the main bathroom, there was a noticeable staining and marks on the floor area which required review. In addition, in the kitchen, the inspector noted that several cupboard doors were not closing appropriately and did not have handles in place or the handles were aged and worn. Furthermore, the inspector noted five areas on the worktops in the kitchen area, that were damaged and required review.

In the second house, the inspector noted the following, damage to the tile area in the hallway and in the kitchen, painting required throughout the centre, due to noticeable marks on the walls, architrave and flooring in this house. The provider advised the inspector that they had a maintenance schedule in place which was reviewed on the day of inspection. The provider had addressed the some of the actions identified from the previous inspection, however, work was ongoing and required to ensure all of the premises were maintained as required by the regulations.

Judgment: Not compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in relation to the centre, which was available for residents in each house. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, COVID-19 information and personal planning. There was also a written guide to the service that met the requirements of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements for the control and management of key risks in the centre, which were recorded on a risk register. These were kept under regular review. There was evidence that residents were also supported with positive risk taking practices, including taking more control over their personal finances and being supported to spend time alone in their residential service.

Judgment: Compliant

Regulation 27: Protection against infection

There were robust measures in place to control the risk of COVID-19 infection in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect the residents and staff from the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessments of resident's health, personal and social care needs had been carried out, and an individualised plan had been developed based on these assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of the residents was assessed and supported in the centre. The residents also had good access to a range of health care supports, such as general practitioner and healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were appropriately supported with their emotional needs. behaviour support plans had been developed as required for residents, following ongoing assessment, and in consultation with a psychologist and a behaviour therapist. Behaviour support plans gave detailed guidance on environmental accommodations and programme interventions to support residents with their emotional needs. Plans were personalised incorporating residents individual communication styles and preferences. The inspector spoke to one staff member who described some of the

programme interventions in place for a resident.

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard resident's from any form of harm.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the resident's rights were supported and that they had freedom to exercise choice and control in their daily life.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ash Services OSV-0004695

Inspection ID: MON-0033423

Date of inspection: 17/08/2021

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Management have engaged with the landlord and maintenance contractor to address improvements required for all property in this designated centre. A maintenance schedule has been set up to ensure improvements are completed in a timely manner. These works include updating of bathroom and kitchen in one house. These works also include maintenance to address tiling and painting in another house. Management are also engaging with MDT in relation to improvements in one house to ensure these improvements meet the assessed needs of people supported.</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/01/2022