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:	Ash Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	01 March 2022
Centre ID:	OSV-0004055
Fieldwork ID:	MON-0034816

About the designated centre

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

Ash Services provides residential and respite services for up to eleven residents with an intellectual disability. This centre consists of two houses that are located next door to each other in a housing estate in a rural town in Co. Galway. One of the houses provides six full-time residential places, and the other house is a five bedroom house providing rotational respite services for up to eleven individuals. Some of the residents have severe intellectual disability with mobility problems, other residents have autism and require 1:1 support. Each house contained suitable communal areas, such as two sitting rooms, dining rooms, kitchen and utility room, bathrooms, Residents' have their own bedrooms which are suitably decorated to meet their needs and wishes. The residents are supported by a team of social care staff and there are two waking staff on duty at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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
Tuesday 1 March 2022	09:30hrs to 17:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection. On arrival at the centre, the person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check.

From conversations with staff, observations in the centre and information reviewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

The designated centre comprised of two houses which were located beside one another in a residential area of a rural town. One of the houses provides six full-time residential places and the other house is a five bedroom house providing rotational respite services. The inspector visited the two houses and met with staff working in both. At the time of inspection, there were six residents living in the designated centre and three residents were staying on respite. The inspector met with five residents who were sharing one house and also met with one resident who was availing of respite services.

The residents were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. There was an atmosphere of friendliness in the house visited. Staff were observed to interact with residents in a caring and respectful manner. Staff were observed spending time and interacting warmly with residents, responding to and supporting their wishes.

The residents were observed to be familiar with and comfortable in their surroundings. There were stable staffing arrangements in place and staff were well known to the residents, many of the staff had worked in the centre for several years. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents.

Residents were supported to engage in meaningful activities in the centre and in the local community. The centre was located in an area with good access to a range of facilities and amenities. There was easy access to a range of shops, restaurants, coffee shops, post office, pharmacy and other businesses. It was close a variety of woodlands, parks and lakeside amenities where residents liked to visit for walks and picnics. Residents accommodated in the respite house normally attended day service programmes during the daytime. The inspector met with one of the residents following his return to the house. The inspector did not meet with the other two residents as they had been supported to go for a drive. The resident appeared happy, smiling and content and it was clear that he enjoyed the interaction and company of staff. Residents in the other house currently attended day care services two days a week. During the day of inspection, they were relaxing at home, watching television, listening to music on their iPads, engaging with sensory games,

moving about the house and following their own routines. Some residents went out for walks and others went for drives to places that they enjoyed. Other activities that residents regularly enjoyed included, eating out, foot massage, having manicures, having their nails painted and attending the hairdresser. One of the residents had their own car and staff supported this resident to go to places and to attend activities of interest to them. There was also a minibus available to support others attend activities that they enjoyed.

Residents were actively supported and encouraged to maintain connections with friends and families. Visiting to the centre was being facilitated in line with national guidance and there was adequate space for residents to meet visitors in private if they wished. Staff spoken with confirmed that some of the residents received regular visits from family members, while others were supported to visit family at home. Some residents went home for day trips and others spent overnight stays at home. Residents were supported to maintain contact through telephone calls and others used video calls to keep in contact with family members.

There were measures in place to ensure that residents' rights were being upheld. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning. However, the use of an audio visual monitor located in a residents bedroom and its impact upon the resident's rights required review. This is discussed further in the body of the report.

Staff outlined how residents were involved and had choice in selecting their preferred food and meal options. Residents were consulted with regarding their preferred meal options at the weekly house meetings. Choice was also offered on a daily basis, for example, staff offered a selection of options and residents could choose their preferred option. However, the inspector noted that there were no pictorial food options or menus available to support some residents in making their preferred selection and enhance resident choice. Residents were supported to eat out and get takeaway meals. Staff were knowledgeable regarding the nutritional needs and dietary requirements of residents including the recommendations of the dietitian and speech and language therapist (SALT).

The centre comprised of two single storey houses located beside each other. The respite house could accommodate up to 5 residents in single bedrooms. There was adequate assistive equipment and appliances to meet the assessed needs of residents. The inspector noted that there was inadequate storage for equipment, much of which was inappropriately stored in residents bedrooms.

Accommodation for up to six residents was provided in the second house. Each resident had their own bedroom. Both houses were comfortable, suitably furnished and decorated in a homely manner. The houses were spacious and bright with a good variety of communal day spaces, dining rooms, well equipped kitchens and laundry rooms as well as an adequate number of suitably adapted toilets, bathrooms and shower rooms provided in each house. Both houses were generally found to be well-maintained and visibly clean. Residents had easy access to well maintained

garden and patio areas. The houses were accessible with suitable ramps and handrails provided.

Residents bedrooms were comfortably decorated, suitably furnished and personalised. Bedrooms had adequate storage for personal belongings and were personalised with items of significance to each resident including family photographs. Residents had been consulted and involved in selecting their preferred wall colours and in choosing soft furnishings for their rooms.

Throughout the inspection, it was evident that staff prioritised the welfare of residents, and that they ensured residents were supported to live person-centred lives.

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

This was an unannounced inspection carried out to monitor compliance with the Regulations. There was good compliance noted at the last inspection which took place in August 2020, issues identified in relation to updating the health and safety policy had since been addressed.

There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. There was a full time person in charge who was responsible for the day to day management of this service. She was positive in attitude and demonstrated a willingness to comply with the regulations. She was supported in her role by the management team and by senior social care workers. However, the on-call management arrangements in place required review. While there were arrangements in place for out of hours at weekends, there were no formal on-call arrangements in place to ensure that staff were adequately supported out of hours during the weekdays.

The inspector found that the staffing levels and mix were in line with the assessed needs of the residents and that set out in the statement of purpose. The staffing rosters reviewed indicated that there was a regular staff pattern.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that all staff had completed mandatory training. Additional training in various aspects of infection control, epilepsy management, medication management and cardiac pulmonary resuscitation had also been provided to staff.

While the provider had systems in place to monitor and review the quality and safety of care in the centre, the use of an audio visual monitoring device and its impact upon the resident's rights had not been reviewed. The annual review had been completed for 2021, however, consultation with residents and their families had not been used to inform this review. Unannounced audits were being carried out twice each year on behalf of the provider. Actions as a result of these reviews had either been addressed or were scheduled to be addressed, for example, infection prevention and control refresher training was due to be scheduled. Regular reviews of identified risks, health and safety, medicines management, accidents and incidents, fire safety management and staff training were completed by the person in charge. However, the risks identified on the day of inspection posed by the gaps in fire doors and the length of time taken to evacuate residents at night time had not been identified by the providers own monitoring and review processes.

On the day of inspection the inspector was unable to verify if all policies and procedures set out in Schedule 5 of the regulations were up-to-date. Paper copies of polices reviewed were not up-to-date. The person in charge advised that the updated versions of all policies were available on the computerised documentation system, however, they could not be accessed on the day and therefore, were not readily accessible to staff.

The inspector was satisfied that complaints were managed in line with the centre complaints policy. There was an easy read information leaflet available explaining clearly how to make a complaint , however, the procedure was not displayed in a prominent position in line with regulations. The person in charge advised that the complaints procedure had been discussed with all families and also at residents meetings. There were systems in place to record and investigate complaints. There was one complaint received during 2021 and the inspector was satisfied that it had been managed in line with the policy. The issue had been resolved and the complainant was satisfied with the outcome. There were no open complaints at the time of inspection.

Regulation 14: Persons in charge

The person in charge worked full-time in the role. She had the required experience and qualifications for the role. She was knowledgeable regarding the requirements of the regulations and her statutory responsibilities. She was knowledgeable regarding the up to date support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Staffing rosters reviewed showed that this was the regular staffing pattern.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including medicines management and in various aspects of infection control.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place required review to ensure that the service provided is safe, consistent and effectively monitored.

- the on-call management arrangements in place required review. There were no formal on-call arrangements in place to ensure that staff were adequately supported out of hours during the weekdays.
- consultation with residents and their families had not been used to inform the annual review on the quality and safety of service.
- the use of an audio visual monitoring device in a residents bedroom and its impact upon the resident's right to privacy and dignity required review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The information contained in the statement of purpose was in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff.

There were no open complaints at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector was unable to verify if all policies and procedures set out in Schedule 5 of the regulations were up-to-date. The person in charge advised that policies were available on the computerised documentation system, however, they could not be accessed on the day and therefore were not readily accessible to staff.

Judgment: Substantially compliant

Quality and safety

While the inspector found that residents received a good quality service that ensured they were well supported with a person-centred service, issues identified in relation to some aspects of governance and management as previously discussed under the capacity and capability section of this report as well as improvements required to some aspects of fire safety management, infection prevention and control, restraint management and the premises had the potential to impact negatively on the safety and welfare of residents.

Residents' health, personal and social care needs were assessed. Care and support plans were developed where required and were found to be informative, person centered and regularly reviewed. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences. Staff spoken with were familiar with and knowledgeable regarding resident's up to date health and social care needs. Personal plans in place were detailed and person centered. Residents were supported to identify and achieve personal goals. While staff updated the inspector on the progress of these goals, there were no meetings held to formally review and record the progress and effectiveness of these goals. An example of goals identified included; attending a live music event, acquiring new sensory toys, completing a picture collage and going swimming.

Residents had access to General Practitioners (GPs) and a range of allied health services. During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face

consultations. A review of residents files indicated that residents had been regularly reviewed by the physiotherapist, occupational therapist(OT), speech and language therapist(SALT), dietitian, psychologist, psychiatry, dentist, optician and chiropodist. Residents had also been supported to avail of the national health screening and vaccination programmes. Residents that required assistive devices and equipment to enhance their quality of life had been assessed and appropriate equipment had been provided.

Residents' nutritional needs, were assessed, their weights were monitored regularly and plans of care had been developed as required based on these assessments and monitoring outcomes. Staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietitian and SALT. The person in charge regularly monitored incidents and accidents including falls. The inspector reviewed the file of a resident who had a history of falls and noted that the falls risk assessments, falls management support plan as well as a safe environment plan had been developed following consultation with the physiotherapist and OT. This resident had no recent falls. Bed rails and safety beds were in use for some residents assessed as being at high risk of falls from their beds. The inspector was satisfied that the use of these restrictive practices had been managed in line with national policy. There were clear rationales documented for their use and there was evidence of multidisciplinary team input into the decisions taken to use them, consideration had been given to other alternatives, risk assessments were completed and there were support plans in place to guide staff in the safe use of these practices.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The person in charge confirmed that all staff employed had police vetting in place. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. The inspector reviewed documentation and spoke with staff regarding some safeguarding concerns which had been notified to the Chief Inspector. The inspector was satisfied that the concerns had been investigated and managed in line with safeguarding policy.

There were individualised positive behaviour support plans in place for residents which were informative, identified triggers and supportive strategies. The behavioural support plan for a resident outlined that a video monitor was used at night time to monitor the well-being of the resident and to enable staff attend to the resident quickly. However, the inspector had concerns that the use of an audio visual monitor in a residents bedroom impacted negatively on the privacy, dignity and rights of that resident. While the use of the monitor was reviewed by the restrictive practise committee, there was no evidence to indicate that the impact on the residents privacy and dignity had been taken into account or that the least restrictive practice was being used. There was no evidence to indicate that other alternatives had been tried or considered or that there was a multidisciplinary team

input into the decision taken to use the monitor. The person in charge undertook to review the current arrangements to ensure the least restrictive measures were put in place and still ensure that staff would be alerted and meet the support needs of the resident in a timely manner.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and had opportunities to to participate in activities in accordance with their interests, capacities and developmental needs. The centre was close to a range of amenities and facilities in the local town and surrounding areas. The centre also had its own dedicated vehicle, which could be used for residents' outings or activities. During the inspection residents spent time going places that they enjoyed, attending day services, going for walks in the local area, going for drives to places of interest, spending time relaxing in the house, listening to music, watching television, and following their own routines. The inspector saw photographs of residents enjoying recent birthday celebrations, outings and day trips. Staff informed the inspector that some of the residents enjoyed eating out and getting takeaway meals, partaking in religious services on television, having manicures and foot massage, adult colouring activities and meeting with friends and family.

Residents' preferences were identified through the personal planning process, house meetings, ongoing communication and observation of residents. Staff were very knowledgeable regarding residents needs, likes, dislikes and interests. The privacy and dignity of residents was generally respected by staff, residents had their own bedrooms and staff were observed to knock and wait before entering. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to interact with residents in a caring and respectful manner. However, improvements were required to ensure that each residents right to privacy and dignity was fully respected. As discussed previously, the use of an audio visual monitor in a residents bedroom impacted negatively on the privacy, dignity and rights of that resident and required review. Some incontinence products were openly stored in communal bathroom areas, personal toiletries and items including a hairbrush, toothbrush and items of personal clothing were stored inappropriately in communal bathrooms, impacting on the privacy and dignity of residents.

The centre which comprised of two houses was designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. Records reviewed showed that equipment was regularly serviced and maintained in safe working order. However, storage for equipment required review. There was no designated storage areas for many large items of assistive and specialised equipment which were currently being stored inappropriately in some residents bedrooms. The centre was comfortable, visibly clean, furnished and decorated in a homely style, however, some parts of the centre required repair and upgrading. For example, some walls were in need or repainting, the wooden flooring to one bedroom required repair, the carpet floor covering to the office was ill fitting and stained. The person in charge outlined how these works had been brought to the attention of the maintenance department and were due to be scheduled.

While there were systems in place to control the spread of infection in the centre,

some surface finishes required upgrading and some practices required review in order to enhance control measures in place. There was guidance and practice in place to reduce the risk of infection, including effective 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' for signs and symptoms of COVID-19. There was a cleaning schedule, cleaning checklists and colour coded cleaning system in place. The building was found to be visibly clean. However, the location of the chest freezer used to store frozen food in the laundry room required review in order to prevent risk of cross contamination of food products. While colour coded mop buckets and mop heads were in use, they were inappropriately stored outside with mop heads stored in a water solution in the mop buckets contrary to best practice in infection control.

Some aspects of fire safety management required review. There was a large gap evident underneath a fire door located on the main bedroom corridor in one house, another fire door on the same corridor was not closing properly which posed a risk of uncontrolled fire and smoke spreading throughout the premises. While regular fire drills had been completed simulating both day and night time scenarios, the time taken to evacuate residents in the event of fire at night time required further improvement. Fire drill records reviewed showed that the last night time drills took place in April and May 2021. The time taken to evacuate residents in both houses during these night time scenarios was greater than five minutes. Improvements required to the time taken to evacuate residents had not been identified and no follow up drill had since been scheduled. Fire exits were observed to be free of obstructions. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills.

Overall, while there were good arrangements in place to manage identified risk in the centre, the risk posed by the gaps in fire doors and the length of time taken to evacuate residents at night time had not been identified. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated.

Regulation 11: Visits

Visiting to the centre was being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. Residents received regular visits from family members, while others were supported to visit family at home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices, interests and their assessed needs.

Judgment: Compliant

Regulation 17: Premises

Some parts of the centre required repair and upgrading. For example,

- some walls were in need or repainting,
- the wooden flooring to one bedroom required repair,
- the carpet floor covering to the office was ill fitting and stained.

Storage for equipment required review. There was no designated storage areas for many items of large assistive and specialised equipment which were currently being stored inappropriately in some residents bedrooms.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Overall, while there were good arrangements in place to manage identified risk in the centre, the risk posed by the gaps in fire doors and the length of time taken to evacuate residents at night time had not been identified.

Judgment: Substantially compliant

Regulation 27: Protection against infection

A number of barriers to effective infection prevention and control were identified on the day of inspection

- Some worn and defective surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.

- The location of the chest freezer used to store frozen food in the laundry room required review in order to prevent risk of cross contamination of food products.
- Colour coded mop buckets and mop heads were inappropriately stored outside at the rear of one house with mop heads stored in a water solution in the mop buckets contrary to best practice in infection control.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some aspects of fire safety management required review.

There was a large gap evident underneath a fire door located on the main bedroom corridor in one house, another fire door on the same corridor was not closing properly which posed a risk of uncontrolled fire and smoke spreading throughout the premises.

While regular fire drills had been completed simulating both day and night time scenarios, the time taken to evacuate residents in the event of fire at night time required further improvement. Fire drill records reviewed showed that the last night time evacuation drills took place in April and May 2021. The time taken to evacuate residents in both houses during these night time scenarios was greater than five minutes. No improvements required had been identified and there had no follow up drill scheduled.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents were supported to identify and achieve personal goals. While staff updated the inspector on the progress of these goals, there were no meetings held to formally review and record the progress and effectiveness of their goals.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners (GPs), healthcare professionals

and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some improvement was required to ensure that a restrictive practice in place(monitor) was managed in line with national policy.

There was no evidence to indicate that other alternatives had been tried or considered or that there was a multidisciplinary team input into the decision taken to use the monitor. While the use of the monitor was reviewed by the restrictive practise committee, the inspector was not assured that the least restrictive practice was in use.

Judgment: Substantially compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Some improvements were required to ensure that each residents right to privacy and dignity was fully respected.

- The use of an audio visual monitor impacted negatively on the residents right to privacy and dignity in their bedroom.
- Incontinence products were openly stored in communal shared bathroom areas which impacted upon dignity of residents.
- Personal toiletries including a hairbrush, toothbrush and personal items of clothing were stored inappropriately in communal shared bathrooms and impacting on the dignity of residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ash Services OSV-0004055

Inspection ID: MON-0034816

Date of inspection: 01/03/2022

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	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Senior Management Team are currently reviewing a proposed out of hours on-call system for weekdays. The established weekend on call, from 5pm Friday evenings to 8am Monday mornings will continue without disruption.

Consultation with residents and their families takes place at each resident's case review on an annual basis; discussion also takes place with reference to the satisfaction with service provision. This information is now available for the past Annual Review noted in this inspection report and the PIC will ensure such feedback is reflected in all Annual Reviews going forward.

The Positive Behaviour Support Manager is currently reviewing the use of an audio-visual device, and a planned meeting is scheduled with the Ash Service PIC and staff team on 27th April 2022 that will include review and verification of less restrictive practices that have been attempted and deemed ineffective; following the meeting a comprehensive risk assessment will be undertaken by the Positive Behaviour Support Manager.

Regulation Heading	Judgment
Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
All schedule 5 policies and procedures are now available in hard copy format for the staff team, this is as a contingency measure in the event of not being able to access these on

the intranet system.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Repainting of rooms will take place by 31st May 2022.

The PIC is seeking quotations for the replacement of the wooden floor, and the carpet and these will be replaced by 31st May 2022. The PIC has also followed up on alternative sites for storage, with the Ancillary Services Manager who is looking for alternative options.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
A Fire Safety Consultant will review Ash services fire drills and evacuation plans. This review will be completed with the support of the Person in Charge. Following the completed review, the Person In Charge will review and update all related risk assessments in consultation with the Person Participating in Management and the Quality and Compliance Officer.

Fire Doors will be readjusted to meet fire regulation standards. They were reviewed on the 30th March 2022 and works will be completed on the 31st May 2022.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The PIC is seeking quotations for the replacement of worktops in both kitchens and works will be completed by 31st May 2022.

The PIC in conjunction with the Quality and Compliance Officer will complete a risk assessment in relation to the location of the chest freezer and any cross contamination which could occur.

New detachable and washable mop heads will be purchased and stored appropriated.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A Fire Safety Consultant will review Ash services fire drills and evacuation plans. This review will be completed with the support of the Person in Charge. Following the completed review, the Person In Charge will review and update all related risk assessments in consultation with the Person Participating in Management and the Quality and Compliance Officer.

Fire Doors will be readjusted to meet fire regulation standards. Fire Doors were reviewed on the 30th March 2022 and the works will be completed by the 31st May 2022.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The PIC has implemented a schedule to review personal goal progress on a bi-annual basis.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The Positive Behaviour Support Manager is currently reviewing the use of an audio-visual device, and a planned meeting is scheduled with the Ash Service PIC and staff team on 27th April 2022 that will include review and verification of less restrictive practices that

have been attempted and deemed ineffective; following the meeting a comprehensive risk assessment will be undertaken by the Positive Behaviour Support Manager and The PIC will resubmit an application to the Restrictive Practices Committee with updated information.	
Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Positive Behaviour Support Manager is currently reviewing the use of an audio-visual device, and a planned meeting is scheduled with the Ash Service PIC and staff team on 27th April 2022 that will include review and verification of less restrictive practices that have been attempted and deemed ineffective; following the meeting a comprehensive risk assessment will be undertaken by the Positive Behaviour Support Manager and The PIC will resubmit an application to the Restrictive Practices Committee with updated information.

Any approved restrictive practices will be presented and discussed at staff meetings regularly by the Person in Charge. The PIC will refer any restrictive practices to the Restrictive Practice Committee for regular review at the prescribed intervals.

A Fire Safety Consultant will review Ash services fire drills and evacuation plans. This review will be completed with the support of the Person in Charge. Following the completed review, the Person In Charge will review and update all related risk assessments in consultation with the Person Participating in Management and the Quality and Compliance Officer.

Incontinence wear products are now stored individually in Ash Services and are allocated private spaces in the unit. All toiletries and personal belongings are now also stored individually and have been allocated private spaces within the unit.

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.	Substantially Compliant	Yellow	31/05/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2022
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.	Substantially Compliant	Yellow	31/05/2022
Regulation 23(1)(e)	The registered provider shall	Substantially Compliant	Yellow	02/03/2022

	ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/05/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/05/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2022

Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/05/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	30/03/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	08/03/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/05/2022

Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	31/05/2022