



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:	Short Notice Announced
Date of inspection:	09 December 2020
Centre ID:	OSV-0004695
Fieldwork ID:	MON-0031090

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 Longford, 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

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
Wednesday 9 December 2020	10:00hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with four of the six residents. Residents asked why the inspector was visiting them and listened to the explanation. Residents spoke about changes to their routines due to the impact of COVID-19 and that they were looking forward to seeing family over Christmas. Some of the residents spoke positively of the changes to their day service programs; the programme was now being delivered from their own home by day service staff members. Another resident informed the inspector that they were still attending their employment on a reduced basis.

All of the residents that the inspector spoke with expressed that they were happy in their homes and were supported by the staff team. Some of the residents discussed programs that they had completed during the summer months and showed the inspector some of the works they had completed.

Residents were receiving a service that was social care led. Before COVID-19 travel restrictions, residents were active in their local communities. Residents and the staff team had adapted to the restrictions and put plans or goals in place for residents to achieve. There were clear practices in place that were supporting residents to engage in activities of their choosing.

The interior of one of the houses that made up the designated centre had not been maintained in a good state of repair, in response to this an immediate action was issued to the provider by the inspector.

Capacity and capability

While there was a management structure in place, the provider had failed to ensure that its management systems were ensuring that the service being provided was safe and appropriate to the needs of the residents in regards to the maintenance of the centre's premises. There were also improvements required to ensure that all events that required notifications were being submitted to the Chief Inspector as per the regulations

The inspector found that there was mold growing in a number of rooms in one of the houses that made up the designated centre, including the resident's bedrooms. The provider had identified concerns regarding dampness in their 2019 annual report but had failed to address the concern appropriately. The provider had carried out a remote audit of the centre in August 2020 due to the impact of COVID-19. A written report had been prepared following the visit that reviewed the safety and quality of care and support provided in the centre. There were,

however, enhancements required to the providers management structures in order to ensure that the service being provided was effectively monitored.

The provider was issued an immediate action by the inspector and asked to provide assurances as to how they would address the identified issues regarding the mold. The provider responded appropriately, submitting assurances and visual evidence that works had been completed in the days following the inspection.

For the most part, the person in charge was submitting notifications as set out in the regulations. However, it was found that there were some improvements required to the systems in place to ensure that all necessary notifications were being submitted regarding the negative impact some residents were having upon their peers.

A review of residents' information did demonstrate that there were effective practices regarding the oversight of residents' information. Residents' information was under regular review, and there was evidence of regular input from members of the provider's multidisciplinary team.

The inspector reviewed the staffing rotas. The staff team was made up of social care workers and care assistants. A review of rotas demonstrated that there was a consistent staff team in place across the three houses. The review also verified that the provider had implemented additional hours daily to support residents living in one of the houses that made up the centre. This had been implemented to respond to the changing needs of the residents. The provider was utilising locum staff members in one house due to a staffing deficit; the provider was, however, ensuring that consistent locum staff was being utilised.

Overall, the provider's governance and oversight arrangements had failed to address or complete all actions required to deliver a safe environment in an appropriate time frame.

Regulation 15: Staffing

The provider had ensured that the qualifications and skill-mix of staff was appropriate to the assessed needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to ensure that its management systems were ensuring that the service being provided was safe and appropriate to the needs of the residents in

regards to the maintenance of the centres premises.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had not notified the Chief Inspector of all notifiable events as per the regulations.

Judgment: Substantially compliant

Quality and safety

Residents were receiving a service that required improvements in a number of areas including, ensuring that the premises was maintained in a good state of repair, that all infection control practices were appropriate and that there were appropriate systems in place to reduce the negative impacts some residents were having upon their peers.

Residents and the staff team had done their utmost to promote a home-like environment for residents. However, their efforts were overshadowed by required maintenance works in one of the houses. The inspector found mold to be growing in areas including two of the residents' bedrooms, the sitting room, kitchen, and backdoor area. The provider had identified that action was required regarding the mold at least 12 months earlier, but adequate works had not been completed. The inspector noted that the plastering outside one of the resident's doors required attention and that a section of the floor outside a bathroom had been badly warped following water damage. As a result, the provider had failed to ensure that one of the houses had been kept in a good state of repair. Residents were, therefore, living in less than satisfactory conditions for a prolonged period.

The inspector observed that there were improvements required to infection control practices regarding the storing and cleanliness of mops and mop buckets being used to clean floors in one of the houses that made up the centre. This concern was raised to the person in charge, who promptly sought to address the issue.

A review of the protocols and management plans devised in response to COVID-19 demonstrated that the provider and person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The inspector reviewed a number of plans, including prevention and management plans and outbreak management plans, and found them to be up to date and detailed.

The inspector noted that there was a high number of restrictive practices in place for one of the houses. These practices had been introduced to maintain the safety of residents living in the house and were under regular review. The provider had implemented an environmental restriction in the form of locked doors to reduce the risk of one peer impacting negatively upon the other during episodes of escalated behaviour. The inspector observed that there had been a reduction in the implementation of this environmental restriction in recent months but that there were still occasions where one resident could not access areas of their own home due to the influence of the other resident's behaviours of concern. This practice was linked to an active safeguarding plan. The provider had implemented the plan to reduce the negative impact the resident was having upon their peer. However, there were still incidents occurring; the practice was, therefore, impacting on the rights of one resident regarding their personal and living space.

There were systems in place for the identification, recording, and investigation of and learning from serious incidents or adverse events involving residents. An appraisal of the adverse incident recordings further demonstrated that there had been a number of episodes where the escalated behaviours of one resident had impacted upon their peer in a negative manner. The residents' behaviours of concern were under review by members of the provider's multidisciplinary team, and behaviour support plans had been developed when required.

In response to the behaviours of concern, the provider had increased the staffing presence in the house for periods each day to meet the needs of the residents and improve safeguarding practices. The increase in staffing numbers had coincided with a reduction in incidents of challenging behaviours when compared to 2019 recordings. The provider was also recruiting for the position of a team leader to be based in this house.

The inspector reviewed individual risk assessments for residents and found them detailed and linked to residents' behaviour support plans and the restrictive practices being utilised. The provider had also ensured that there were risk registers developed for each house that made up the designated centres.

There were aspects of the service that were under regular review and were leading to positive outcomes for residents. A review of a sample of residents' information demonstrated that residents were being encouraged to engage in activities of their choosing. Residents had outlined achievements or projects they wanted to achieve early in the year. Some of these goals had been impacted upon due to COVID-19, but residents had been supported to alter or set new goals. The staff team had supported residents to develop a scrapbook that captured some of their achievements. One of the residents also showed the inspector a project they had completed; it was clear that the resident was very proud of their work. As noted earlier, some of the residents expressed that they were happy with the current day service programme they were engaging in, staff members spoken with during the inspection also voiced that the changes had led to positive outcomes for the residents.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been carried out. Residents were accessing a range of allied

healthcare professionals, and there were arrangements in place to address health concerns if necessary. A review of residents' information established that the provider and staff team were implementing communication programmes to support residents. A staff member and a resident showed the inspector a scheduling board devised to support them with transitions.

Overall, there were a number of areas that required improving, however; there were elements of the service being provided that were promoting positive outcomes for the residents.

Regulation 10: Communication

Residents were being assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

The residents had opportunities to participate in activities in accordance with their interests, capacity and ability.

Judgment: Compliant

Regulation 17: Premises

The provider had failed to ensure that all of the buildings that made up the designated centre were kept in a good state of repair.

Judgment: Not compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector noted that there were improvements required to infection control practices regarding the storing and cleanliness of mops and mop buckets being used to clean floors in one of the houses that made up the centre

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that comprehensive assessments of the residents health and social care needs had been carried out.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

Regulation 8: Protection

The provider had implemented safeguarding practices. However, there were still occasions where the impact of an ongoing safeguarding concern had negatively impacted a resident.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider's response to the escalated behaviours of one resident was negatively impacting on the rights of their peer.

Judgment: Substantially 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	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ash Services OSV-0004695

Inspection ID: MON-0031090

Date of inspection: 09/12/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The maintenance of this premises is being addressed by the PIC and landlord. The mould has now been cleaned and an engineer has been engaged to assess the long term issues with this property. A structural engineer report has been completed.</p> <p>A team leader has also been recruited for support for governance and management in this centre.</p> <p>The last 6 monthly internal audit was carried out off site in accordance with the providers National Risk Assessment to reduce footfall and the spread of Covid 19. Further risk assessment will be conducted prior to the next audit.</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>All incidents have been reported to HIQA and the Safeguarding team.</p> <p>A meeting of local management, all MDT, including Social Work, Behaviour Support, SLT, and Quality Manager will be held in January to review the incidents and reporting system.</p> <p>The National Peer to Peer protocol is being reviewed and updated by the Provider.</p> <p>All staff will have refresher Safeguarding training. All Staff will have refresher training on recording of incidents.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The maintenance of this premises is being addressed by the PIC and landlord. The mould has now been cleaned and an engineer has been engaged to assess the long term issues with this property. A structural engineer report has been completed.</p> <p>A team leader has also been recruited for support for governance and management in this centre.</p> <p>The last 6 monthly internal audit was carried out off site in accordance with the providers National Risk Assessment to reduce footfall and the spread of Covid 19. Further risk assessment will be conducted prior to the next audit.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The practices regarding the storing and cleanliness of mops and mops buckets being used was addressed on the day of inspection by the PIC. An updated protocol has been put in place in this designated centre.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: All incidents have been reported to HIQA and the Safeguarding team. A meeting of local management, all MDT, including Social Work, Behaviour Support, SLT, and Quality Manager will be held in January to review the incidents and reporting system. The National Peer to Peer protocol is being reviewed and updated by the Provider. All staff will have refresher Safeguarding training. All Staff will have refresher training on</p>	

recording of incidents.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All incidents have been reported to HIQA and the Safeguarding team.
A meeting of local management, all MDT, including Social Work, Behaviour Support, SLT, and Quality Manager will be held in January to review the incidents and reporting system.
The National Peer to Peer protocol is being reviewed and updated by the Provider.

All staff will have refresher Safeguarding training. All Staff will have refresher training on recording of incidents.

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	Red	08/01/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/05/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	17/12/2020

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 31(1)(f)	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 allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	28/02/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	28/02/2021
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	Substantially Compliant	Yellow	28/02/2021

	consultations and personal information.			
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