



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

Issued by the Chief Inspector

Name of designated centre:	Ash House
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	30 June 2021
Centre ID:	OSV-0005306
Fieldwork ID:	MON-0033310

About the designated centre

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

This centre provides residential care and support for up to three adults. The centre comprises of a single-storey detached house on a campus-based setting belonging to St John of God Services in County Louth. The premises comprises of a kitchen/dining area, a sitting room that looks onto a conservatory, three bedrooms, a staff office, a large bathroom and another small communal room. Each of the residents have their own bedroom which are personalised to their own taste. Outside there is a small garden area that has privacy fences surrounding it. A table and chairs is provided so residents can sit and enjoy the good weather. A bus is also available for residents to visit the local community. The staff skill-mix includes healthcare assistants and one nurse. There are two staff on duty during the day and one waking night staff on duty. There is an on call arrangement in place 24/7 where staff can access advice/support and additional staff if required. The person in charge is responsible for four other designated centres under this provider and is supported in their role by a clinic nurse manager who is also responsible for the care being provided in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 - 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 30 June 2021	10:20hrs to 14:50hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This centre is located on a large campus-based setting and is registered to support three residents. At the time of the last inspection in February 2019, two residents were living here. As a result of the changing needs of those residents and the provider's long-term plan to close all of the designated centres on the campus, this centre had been vacant for a number of months last year and up until May of this year.

In keeping with the "time to move on congregated settings report" the provider has instigated a long-term plan to close the campus and move all of the residents to smaller community-based settings. This plan has been progressing very well, but was impacted by the COVID-19 pandemic, as it was not always possible to source and view suitable community-based homes.

The provider was still looking to source suitable accommodation for two residents in the community and as a result these two residents had moved to this centre. This was a temporary measure until accommodation that suited the needs of the two residents was found.

Overall, the inspector found that residents were receiving individualised supports in a setting that was more like a community home setting than that of the previous large units they had lived in. Notwithstanding this, some improvements were required to the premises.

The residents did not want to meet with the inspector and their wishes were respected. Instead the inspector could only visually observe practices for a short time and could hear some of the interactions with the staff and residents. The inspector could overhear one resident chatting to staff in the kitchen and the staff was very respectful to the resident. The other resident had been out on a trip to the beach for most of the morning with a staff member and on return to the centre had put on their slippers to relax while awaiting to go to a football match that evening.

The residents appeared to have settled in well to their new environment and their bedrooms had been personalised with family photographs and items that were important to them. One resident liked to sit in a large comfortable chair near one of the entrances to their home to see who was coming and going. They were able to indicate if they did not like someone entering and this was respected.

One significant change had occurred for one resident since moving there and this was the removal of some restrictive practices that had been in place for this resident in their last living environment. This included all external doors and windows being locked as the resident was not allowed unsupervised access outside of their home. Since moving to this centre, these restrictions had now been removed. A restraint reduction plan had been implemented and the resident was now able to leave the centre when they wanted with supervision, but now from a distance, and windows

were no longer required to be locked. This also had positively impacted the resident in other ways in that, they were now going to large social events which had previously been prohibited due to the potential risk that the resident may have left the event unaccompanied. Since moving here the resident had been to a football match and had also visited a large shopping centre.

The inspector also found that the other resident had a restraint reduction plan in place and was currently being supported by the team to reduce some of their prescribed medication. Staff were very knowledgeable about this and were supporting the resident with this. For example, they knew that this reduction in medication may impact the resident's mood on some days and they were aware of this and committed to supporting the resident with their anxiety.

Staff also reported a reduction in behaviours of concern for one of the residents since moving to the centre in May 2021. This information informed the inspector that moving to this smaller environment seemed to be contributing to positive outcomes for the residents.

Residents' meetings were held every week in the centre and discussions included planning activities for the week and updates on COVID-19. Some of the plans and information reviewed indicated that residents got to do activities that were important to them. For example, one resident liked to go for a walk everyday on the beach and this was completed. The other resident liked to plan their own day and enjoyed a slower pace of life. Family visits were really important to this resident and there was a plan in place to achieve this now that restrictions were lifted.

Residents were also included with maintaining their own home and were involved in some household chores that contributed to a sense of independence for them.

The inspector got to speak to one family representative over the phone who reported that they were very happy with the service provided. They knew the reason why their family member had moved to this centre and were aware of the next step for their family member to move to a community setting once one was sourced.

From the information reviewed on the day of the inspection, the inspector found a number of examples of where residents' rights were respected in this centre. Notably, restraint reduction plans were implemented for residents which were positively impacting on their lives. Residents could choose the activities they wanted to do during the day and this was further supported by having one-to-one staff during the day.

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

Overall, residents were receiving individualised supports from a staff team who knew the residents well. Some improvements were required regarding the premises which needed to be addressed.

There was a clearly defined management structure in place, led by a person in charge who had only recently been appointed to the centre. They were a qualified nurse, had the appropriate management qualifications, along with significant managerial experience working in the disability sector. They were employed on a full-time basis and were also responsible for other designated centres under this provider. They had the support of a clinic nurse manager in this centre in order to ensure effective oversight of the care and support being provided.

The person in charge was aware of their responsibilities under the regulations. They reported to the director of care who was also a person participating in the management of the centre. The director of care facilitated meetings with the person in charge every month at service wide meetings with other persons in charge and was also in regular phone contact with the person in charge.

The centre was being monitored and audited as required by the regulations. An annual review had not been conducted for 2020 as the centre was not occupied for the majority of the year. A six-monthly audit report had been conducted in February 2021 when the centre was vacant. One area of improvement was identified if residents were to be readmitted to the centre and this was to ensure that a deep clean had been completed. The inspector found that the premises was clean.

As part of the provider's own auditing practices, a schedule of audits was also planned for the year. The audits included residents' personal plans, restrictive practices and medication management practices. Weekly audits were also conducted on the measures in place to manage COVID-19 to assure that they continued to meet the appropriate standards. An audit had recently been conducted on personal plans where areas of improvement had been identified. Some of these improvements were still being completed at the time of this inspection.

Staff met said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis.

From a small sample of training records viewed the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; basic life support, safeguarding adults, fire safety, manual handling and infection prevention and control. The provider's own audits showed that refresher training was due for some staff, however; there were plans in place to complete this once public health advice permitted this.

There was a consistent staff team employed in the centre and sufficient staff on

duty to meet the needs of the residents. The staffing arrangements were managed around the needs of the residents and to ensure consistency of care to them. For example, there were no relief staff employed as the staffing levels were sufficient to cover planned leave or permanent staff would cover some shifts to ensure consistency of care. The staff met knew the residents very well and had worked with them in their previous placement.

A review of incidents that had occurred in the centre since the centre had reopened, informed the inspector that the person in charge had notified the Health Information and Quality Authority (HIQA) as required under the regulations.

Regulation 14: Persons in charge

The person in charge was a qualified nurse, had the appropriate management qualifications, along with significant managerial experience working in the disability sector. They were employed on a full-time basis and were also responsible for other designated centre under this provider. They had the support of a clinic nurse manager in this centre in order to assure effective oversight of the care and support being provided. The person in charge was aware of their responsibilities under the regulations

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with training in order to meet the needs of the residents in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure, which outlined clear lines of accountability over the care and support provided. There were systems in place to ensure that the services were monitored and reviewed on a regular basis.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose for the centre had been updated recently and included the requirements of the regulations. One minor improvement was required to the person in charge arrangements, which the person in charge agreed to update.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that had occurred in the centre since the centre had reopened, informed the inspector that the person in charge had notified HIQA as required under the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents appeared to be settling into their new home and enjoyed a safe quality service there. As noted earlier in the report, some improvements were required to the premises.

The premises was for the most part homely, was clean and spacious and residents' bedrooms had been personalised to their individual tastes. However, the pathways

outside of the centre were uneven and could pose a falls risk. Some areas also needed to be updated and personalised. For example, the front entrance to the property and the communal areas needed to be personalised to make it more in keeping with a home.

Personal plans were in place for both residents which had an up-to-date assessment of need completed. An easy-to-read version of the personal plan was also available. The plans also included a detailed transition plan for both residents, which had been completed prior to them moving here. Where recommendations had been made prior to the residents moving, they had been followed through. For example, in one transition plan a handrail had been recommended in one area of the centre and this had been completed.

Residents who required support with their healthcare needs had timely access to allied health professional supports. This included regular access to a GP, dentist and psychiatrist. Support plans were in place to outline the care and support that the residents needed. Staff were very knowledgeable around the residents' healthcare needs. Health screening checks also formed part of the service provided.

Residents were also supported to enjoy best possible mental health and had positive behaviour support plans in place to support the residents and guide staff practice. Where required, residents had access to support from a clinic nurse specialist in behaviour support and a psychiatrist. All staff had been provided with training in positive behaviour support. Some restrictive practices were used in the centre to keep residents safe, however as discussed earlier in this report, restraint reduction plans were in place to try and remove or reduce these restrictive practices. These were being reviewed and monitored to ensure that they were the least restrictive measure.

There were systems in place to manage risk in the centre. This included a risk register, which gave an outline of all the risks in this centre. The inspector followed up on some of the control measures in place to manage risk and found that these were in place. For example, one resident's falls risk assessment included a number of controls to mitigate the risks and these were in place.

Since the residents had moved into the centre in May 2021, there had been three incidents to report. The inspector found that these had been reviewed in proportion to the risk involved and had not negatively impacted on the quality of life of the resident. For example, one resident had left the centre unaccompanied to walk around the grounds of the campus, and staff had followed the resident who then returned to the centre. This incident was reviewed and a risk assessment was formulated. The team also agreed to continue to monitor the situation as opposed to restricting the residents access outside. This was a good example of positive risk taking for the resident.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. There were adequate hand-washing

facilities and hand sanitising gels available and there were enhanced cleaning schedules in place. There were measures in place to ensure that both staff and residents were monitored for possible symptoms of COVID-19.

Staff had been provided with training in safeguarding vulnerable adults. The staff were aware of what constituted abuse and the reporting procedures in place within the organisation to support and protect the residents.

Regulation 17: Premises

The premises was for the most part clean and residents' rooms had been personalised to their individual tastes. However, the outside area of the centre was uneven and could pose a falls risk. Some areas also needed to be updated and personalised. For example, the front entrance to the property and the communal areas needed to be personalised to make it more in keeping with a home.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were systems in place to manage risk in the centre. This included a risk register, which gave an outline of all the risks in this centre. The inspector followed up on some of the control measures in place to manage risk and found that these were in place. For example, one resident's falls risk assessment included a number of controls to mitigate the risks and these were in place.

Since the residents had moved into the centre in May 2021, there had been three incidents to report. The inspector found that these had been reviewed in proportion to the risk involved and therefore had not negatively impacted on the quality of life of the resident.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place to monitor and manage an outbreak of COVID-19 in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need completed. This included a detailed transition plan for both residents which had been completed prior to them moving here. Where recommendations had been made they had been followed through. For example, in one transition plan a handrail had been recommended in one area of the centre and this had been completed.

Judgment: Compliant

Regulation 6: Health care

Residents who required support with their healthcare needs had timely access to allied health professional supports. This included regular access to a GP, dentist and psychiatrist. Support plans were in place to outline the care and support that the residents needed. Staff were very knowledgeable around the residents' healthcare needs. Health screening checks also formed part of the service provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to enjoy best possible mental health and had positive behaviour support plans in place to support the residents and guide staff practice. Where required, residents had access to support from a clinic nurse specialist in behaviour support and a psychiatrist. Some restrictive practices were used in the centre to keep residents safe, however, the restraint reduction plans were in place to try and remove or reduce these restrictive practices. These were being reviewed and monitored to ensure that they were the least restrictive measure.

Judgment: Compliant

Regulation 8: Protection

Staff had been provided with training in safeguarding vulnerable adults. The staff were aware of what constituted abuse and the reporting procedures in place within the organisation to support and protect the residents.

Judgment: Compliant

Regulation 9: Residents' rights

From the information reviewed, the inspector found a number of examples of where residents' rights were respected in this centre. Notably, restraint reduction plans were implemented for residents which were positively impacting on their lives. Residents could choose the activities they wanted to do during the day and this was further supported by having one-to-one staff during the day.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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 House OSV-0005306

Inspection ID: MON-0033310

Date of inspection: 30/06/2021

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: The front entrance and communal areas of Ash House will be personalised and made more homely with soft furnishings and décor.</p> <p>Repair works will be carried out to the uneven surfaces outside of Ash house. This will be completed by October 31st 2021</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	31/10/2021