



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

Issued by the Chief Inspector

Name of designated centre:	Ashfield Gardens - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	02 October 2019
Centre ID:	OSV-0004031
Fieldwork ID:	MON-0022559

About the designated centre

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

The designated centre is located in North West County Dublin and provides community based residential services through one detached building. The premises of the centre contain three resident bedrooms, a staff office, a living room, a modest sized kitchen and dining area, a main bathroom with level entry shower, a storage area with separate toilet, and a utility room in an outbuilding. There is a small garden to the front of the property along with a driveway and an enclosed garden space to the rear with an outdoor dining space. There is a full time person in charge in the centre and a staff team comprised of social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
02 October 2019	09:45hrs to 14:00hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector met and spoke with both residents who were availing of the services of the centre. Residents appeared to be very satisfied with the service they were receiving and were very complimentary of the staff team. One resident met with told the inspector that they were very happy and felt safe living in the centre. The inspector received two completed questionnaires from residents and family members which explored areas such as general satisfaction with the services provided, accommodation, food and mealtime experience, arrangements for visiting, residents' rights, activities, care and support, staffing arrangements, and complaints. The inspector found that there were high levels of satisfaction communicated through the completed questionnaires.

Capacity and capability

The inspector found that high standards of care and support were being provided to residents who were availing of the services of this centre. There were clear examples and evidence present which demonstrated that there was a person-centred approach to the provision of services. The inspector found that the staff and management teams placed significant value on providing good quality and safe services and were committed to supporting residents live active and meaningful lives. Overall, the findings of this inspection were very positive, however, some areas were identified which required improvement including staff training and supervision, fire safety and the accessibility to some areas of the centre.

A review was completed of the centre's staffing arrangements and the inspector found that there were appropriate numbers of staff with the right skill, qualifications and experience deployed in the centre. As a result of a long term vacancy on the staff team, there was some reliance observed on both relief and agency staff members which at times resulted in some difficulties in maintaining continuity of care. Staff duty rosters were reviewed and were found not to be labelled as 'planned' and 'actual' rosters. In addition, codes used in these documents were not explained. A review of a sample of three staff files found that there were gaps in the employment histories of some members and the absence of a commencement date of the employment of another staff member.

The inspector reviewed staff training records and found that there were a number of areas of mandatory training with identified deficits. There were deficits in four of eight mandatory training areas identified by the person in charge. The person in charge outlined that a training plan was in place to address the identified deficits in three of these four areas.

A review of staff supervision arrangements found that there were no formal systems in place for supervising staff. While the person in charge had recently completed supervision training, one-to-one supervision had not been rolled out in the centre at the time of the inspection.

The inspector completed a review of the governance and management of the centre and found that there were effective arrangements in place to ensure that high standards of care and supports were delivered to residents in a person-centred approach. The person in charge demonstrated appropriate governance through continual and effective monitoring through a suite of audits. In addition, the inspector found clear evidence of the person in charge and registered provider striving to develop and improve the quality of service provided through measures such as the development of quality enhancement plan for example.

A statement of purpose in place in the centre (dated 28 September 2019) was reviewed by the inspector and found not to contain a number of areas outlined as being required by the regulations. An opportunity was provided to the person in charge to revise and update the statement of purpose and submit this to the inspector following the inspection. This revised version of the statement of purpose (dated 02 October 2019) was found to contain all required information.

The inspector reviewed incident, accident and near miss records maintained in the centre and found that required notification of incidents to the Chief Inspector had been completed as required by the regulations.

Regulation 15: Staffing

As a result of a long term vacancy in the centre there were some difficulties maintaining continuity of care for residents. In addition, staff rosters were not labelled as required by the regulations and codes used were not explained. There were a number of gaps identified the information held in staff files during a review of these documents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector found that a number of mandatory training areas had identified deficits at the time of the inspection. There were:

- two staff members who had not completed training or refresher training in the area of medication management
- one staff member who had not completed training or refresher training in the area of food hygiene

- four staff members who had not completed training or refresher training in the area of administration of emergency epilepsy medication and
- one staff member who had not completed training or refresher training in the area of data protection.

In addition, the inspector found that arrangements were not in place for the formal supervision of staff members employed in the centre.

Judgment: Not compliant

Regulation 22: Insurance

The centre was found to have been insured against accidents and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate arrangements in place for the governance and management of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A revised statement of purpose (dated 02 October 2019) submitted to the inspector following the inspection was found to contain all required information as outlined in schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that notifications had been made to the Chief Inspector as required by the regulations.

Judgment: Compliant

Quality and safety

A review of the general welfare and development of residents was completed by the inspector and it was found there were appropriate supports in place to facilitate residents to live active and meaningful lives in their local community. Residents were found to hold valued social roles and to engage regularly with their families and natural support networks. The inspector found that there was a strong focus on providing care and supports through a person-centred and human rights based approach. Residents contributed to the organisation of the centre and participated in weekly meetings where they were afforded formal opportunities to express their views on a wide range of matters. The inspector found that residents were supported to engage in a variety of activities and opportunities including holidays, day programmes, swimming groups, cinema, bingo clubs, drama classes, meals out, flower arranging classes and book clubs.

The inspector completed a full walk through of the premises of the centre in the company of the person in charge. It was found to be clean and well maintained throughout. The centre was homely in nature and suitable decorated in line with the needs and wishes of residents. While all residents were found to have their own bedrooms, the inspector found that on occasions other residents used one resident's bedroom as an access route to the centre's second toilet which was located adjacent to this room. Records maintained in the centre demonstrated that this occurred on a regular basis when there were three residents living in the centre and that it had a notable impact on the resident whose bedroom was accessed for this purpose.

A review was completed of the arrangements in place for the preparation of meals. Residents were found to be consulted with regarding menu planning on a weekly basis and participated in grocery shopping and meal preparation. There were snacks available for residents outside main meals and advice/guidance from allied health professionals were available for staff members assisting in preparing meals.

The inspector reviewed the centre's risk management policy and found that it appropriately outlined information required by the regulations. There was a risk register in place which outlined all presenting risks in the centre. This was reviewed in the context of incident, accidents and near misses on a regular basis. A sample of control measures reviewed by the inspector were found to be in place and incidents and accidents which had occurred were appropriately managed and follow up actions were taken in all cases.

A review of fire precaution arrangements found that there was a fire alarm and detection system and emergency lighting installed in the centre, however, there was an absence of fire containment measures such as fire doors in all areas of the centre. There was also an absence of a fire/smoke detector in the utility room which was located in an outbuilding and was in close proximity to the centre. A sample of

residents' personal emergency evacuation plans were reviewed by the inspector and were found to clearly communicate the individual needs of residents in the event of a fire or similar emergency. Records of completed fire drills were reviewed by the inspector and it was found that staff and residents were aware of the procedures to follow in the event of a fire and had conducted staged evacuations on a regular basis.

The inspector was informed by residents that they felt safe while residing in the centre. Staff members were knowledgeable of the different types of abuse and the actions to take in response to witnessing or suspecting incidents of a safeguarding nature. A sample of incident and accident records were reviewed and the inspector found that all incidents which had occurred were appropriately managed and followed up on.

Regulation 13: General welfare and development

The inspector found that the registered provider was proactive in identifying and facilitating initiatives for residents to participate in the wider community, developing friendships and to get involved in the local social networks.

Judgment: Compliant

Regulation 17: Premises

The practice of residents entering a bedroom to access a second bathroom was impacting upon the privacy and dignity of the resident who resided in that bedroom.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspector found that residents were supported to eat a varied and nutritious diet and were communicated with about their meals and preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

An appropriate system was found to be in place in the centre for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 28: Fire precautions

There was an absence of fire containment measures in the centre. In addition, there was no fire or smoke detector installed in the centre's utility room which was located in an outbuilding close to the main premises.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that staff members were vigilant and recognised the signs of abuse. The registered provider demonstrated a high level of understanding of the need to ensure the safety of residents.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ashfield Gardens - Community Residential Service OSV-0004031

Inspection ID: MON-0022559

Date of inspection: 02/10/2019

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The provider will recruit for and fill the current vacancy in the designated centre. • The PIC will ensure rosters are labelled as required by regulation • The provider will ensure all staff files are complete 	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The provider will ensure that all staff training is up to date at the designated centre • The PIC will commence Supervision with the staff at the designated centre 	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The PIC will ensure that a service user's bedroom is not entered by others to access a second toilet in the designated centre. 	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none">• The provider will install fire containment measures in the designated centre.• The provider will install a smoke detector in the utility room.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2020
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/03/2020
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Substantially Compliant	Yellow	02/10/2019

	showing staff on duty during the day and night and that it is properly maintained.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/04/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	02/10/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	02/10/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2019