



# 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:	14 January 2020
Centre ID:	OSV-0004055
Fieldwork ID:	MON-0025375

## 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 during

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	9
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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
Tuesday 14 January 2020	11:00hrs to 19:00hrs	Thelma O'Neill	Lead

## What residents told us and what inspectors observed

The inspector met with six residents living in this centre. Two residents told the inspector that they were very happy living in the centre. They told the inspector that they enjoyed participating in community activities such as, attending their day services from Monday to Friday, and also they frequently attended concerts and went home at weekends to visit family. The inspector observed other residents in the centre and staff interacting with them. The staff were helpful and friendly to the residents and although the residents unable to verbally communicate with the inspector, they appeared happy in the centre.

## Capacity and capability

The inspector found that since the last inspection, the provider had put measures in place to ensure it had the capacity and capability to deliver a safe and suitable service. The provider had addressed all the actions from the last inspection, including protection, fire safety, complaint management, and notifications. However, two areas required further improvement, which related risk management and governance and management.

The inspector found that the provider had appropriate governance and management structures in place. However, the organisation was under a change in governance at the time of the inspection, as the chief executive officer post had recently become vacant. In the interim, the board of management had appointed the Director of Client Services as the acting (CEO). Consequently, the Director of Client Services position was temporary filled by the area manager for Ash Services, and another area manager was appointed to oversee Ash Services in the interim. This ensured the operational management of the centre remained robust and there was effective oversight of the centre.

As part of the governance and management arrangements in the centre, the provider had ensured there was an annual review and two six monthly unannounced audits of the centre completed in April and October 2019. While the auditor identified areas for improvement, it failed to identify areas where the risk management procedures were not appropriately implemented. For example, some residents' files did not have appropriate individual risks assessments completed. These risks included issues; such as: falls, pica, behaviours of concern, restrictive practices and transport issues.

The inspector was assured that the risks were being mitigated, through the use of 1:1 staffing, behaviour management techniques and restrictive practices. The risks or control measures were not updated on the centre risk register to reflect the risks

in the centre. Therefore, it was not clear that all of the staff and the provider was kept up to date on the serious risks being managed in the centre.

Since the last inspection, the provider had reviewed its complaints' management procedure and addressed concerns raised by two families during the last inspection. The person in charge showed evidence to the inspector of the actions taken to address their concerns, and while not all of their concerns were fully addressed to date, there was documentary evidence available to show the works completed, and the strategic plans for the centre going forward. This demonstrated to the inspector that the provider was committed to addressing the families' concerns. There are no open complaints in the centre on the day of the inspection.

On review of staffing, the inspector found that there was appropriate skill mix and number of staff allocated to support all residents in the centre. In addition, where residents required additional support, the management team had ensured that this was in place.

All staff working in the centre completed mandatory staff training and professional development training as required. The person in charge had also submitted notifications in writing to the chief inspector, following adverse incidents occurring in the centre, as well as quarterly notifications in line with her statutory requirements

### Regulation 15: Staffing

The provider had ensured that an appropriate number of qualified and skilled staff were employed to meet the assessed needs of the resident.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had good support and governance systems in place to manage this

centre. However, there was some gaps in the provider led audits, where they failed to identify poor recordings of risks in the centre and the control measures in place to address these risks.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge has submitted notifications in writing to the chief inspector, following adverse incidents occurring in the centre as well as quarterly notifications in line with regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had implemented an effective complaints procedure. There were no recent complaints recorded in the centre's complaints log on the day of inspection. Furthermore, the person in charge had ensured that the concerns identified by families on the previous inspection, were addressed, and they were supported to use the organisation's complaints procedure. Families had also been made aware of how to access advocacy services if required.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of care had improved in this centre since the last inspection. The inspector found the actions identified on the last inspection were addressed; in areas such as, fire safety, protection, complaints and the submission of regulatory notifications.

Residents' personal plans were updated to reflect annual review meeting outcomes and recommendations from multi-disciplinary professionals. Residents healthcare needs were fully met, and medicines and pharmaceutical services were fully compliant. Furthermore, the person in charge had appropriate and suitable practices in place to ensure the safe administration of medication to residents at the centre in line with their assessed needs. Clear and robust arrangements were in place at the centre for the ordering, receipt, prescribing, storing, disposal and administering of

medicine.

Safeguarding plans were in place at the centre for eight residents at risk from physical and psychological abuse from their peers. The person in charge told the inspector that since the implementation of 1:1 staff supervision for one resident, the safeguarding risks that impacted on other residents had been practically eliminated in the centre. Safeguarding arrangements were further strengthened as all staff had received training in safeguarding and were knowledgeable about the requirements to maintain and support all residents in the centre.

The provider had effective fire safety systems in place. There were adequate precautions against the risk of fire and suitable fire fighting equipment available in the centre. There were effective fire evacuation procedures in place, and the provider had installed a ramp to one of the rear fire exit door to ensure a wheelchair user could evacuate safely from the premises in the event of an emergency.

Improvements were required in the documentation of risk management procedures. The inspector found that although individual risks were well controlled in the centre, there were gaps in the recording of residents' risks and the control measures in place to manage said risks. For example, individual risk assessments for four residents, some who were at risk of falls, exhibiting behaviours of concern, transport risks, and restrictive practices, did not have their risks clearly documented in their files, and the control measures in place were not clearly recorded. Furthermore, the recorded risk ratings were not always reflective of the actual risks posed to the resident, or their peers, and were not in line with the organisation's risk matrix as illustrated in their risk management policy.

### Regulation 26: Risk management procedures

Individual risks in the centre were being well managed in the centre, however, the recording of risks and the control measures were not effectively managed. For example in areas such as falls management, behaviours of concern and the use of restrictive practices.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had ensured that there were effective fire evacuation procedures in place in this centre. The provider had addressed the action from the last inspection and ensured that there was improved means of escape, due to the installation of a ramp at one of the exit doors.



Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge had appropriate and suitable practices in place to ensure the safe administration of medication to residents at the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' personal plans were comprehensive, up-to-date and reflected their assessed needs and staff knowledge.

Judgment: Compliant

### Regulation 6: Health care

Individual healthcare arrangements were in place for each resident, which were reflected in their personal plans. Residents had access to allied health professionals in line with their assessed needs as and when required at the centre .

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents that exhibited behaviours of concern had behaviour support plans in place. In addition, while there was a significant number of restrictive practices in use in this centre, they were appropriately assessed by the multi-disciplinary team and the organisation's human rights committee to ensure their appropriateness and that they were least restrictive practice available .

Judgment: Compliant

### Regulation 8: Protection

There were eight safeguarding plans in place and all were reviewed by the national safeguarding team and they were satisfied with the actions taken by the provider to keep residents safe.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Ash Services OSV-0004055

Inspection ID: MON-0025375

Date of inspection: 14/01/2020

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of the provider led audit process is taking place with a view to ensuring the process includes a more robust review in terms of identifying risks in the centre and the control measures in place to address these risks. This will be implemented in the next cycle of provider led audits.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• Person in Charge has reviewed all risk in the designated centre, and updated the risk register and the centre risk assessments accordingly.</li> <li>• Centre Risk register is reviewed and updated on a scheduled basis, or before scheduled dates if required.</li> <li>• The Person in Charge has undertaken a review of all residents risk assessments and will continue to assess, review and manage residents' individual risks and ensure that appropriate control measures are adequate.</li> <li>• Updated detail in relation to risk management in the centre will be shared regularly with the staff team.</li> </ul>	



## 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 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	01/04/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/02/2020