



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

## Issued by the Chief Inspector

Name of designated centre:	Ashlan House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	07 September 2022
Centre ID:	OSV-0007749
Fieldwork ID:	MON-0028515

## About the designated centre

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

Ashlan House provides a shared care service for children and young people with an autism spectrum disorder, intellectual disability and or sensory and physical needs. The age range of residents attending is 8 to 19 years. The purpose of the shared care service is to allow children and young people to stay living at home for as long as possible. Residents attending spend on average 3 to 4 nights a week in the centre with the remaining nights in their family home. The centre can accommodate a maximum of five residents, either male or female, at any one time. The centre is located in a rural setting but close to a village and a number of towns in county Kildare. There were a good selection of shops and local amenities within driving distance of the centre. It comprises of six bedrooms, five bathrooms, a living room, family room and good sized kitchen come dining room. The house is set back from the main road and has an enclosed and secure back garden for residents use. The centre is staffed by a person in charge, senior support workers and support workers.

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

Number of residents on the date of inspection:	4
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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 (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 7 September 2022	11:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that children and young people who availed of the shared care service enjoyed their stay and had their care and support needs met. It was identified on the day of this inspection that a fire evacuation route was not clear. Measures were taken by the provider to address this.

The centre was registered in January 2020 for up to five residents, 18 years and under, at any one time. In April 2022, the provider was granted an application to vary the conditions of registration to allow a resident, over the age of 18 years who was transitioning to an adult service to continue to live in the centre until 30.09.2022. On that date, the Chief Inspector requires the registered provider to apply to vary Condition number 2 pursuant to Section 52 of the Health Act 2007 as amended to the upper age limit of 18 years of age in the designated centre. Transitioning arrangements for this resident to move to their new adult placement had commenced.

As referred to above the centre comprised of a six bed-room house which provided a shared care service for a total of seven residents. Only four residents attended together at any one time. Residents attending were split into two separate groups with a separate staff team working with each group. Each of the groups attended for a set number of nights each week. Six of the seven residents attending had a full time school placement from the centre during school term. The seventh resident attended a day service and was in the process of transitioning from the centre to a new adult placement. It was reported that the residents in each group were compatible and considered to be good friends. The composition of residents' groups attending together was influenced by age, peer suitability, dependency levels and gender mix.

A small number of the residents attending presented on occasions with behaviours that challenge which were difficult for staff to manage in a group living environment. However, behaviour support assessments and plans had been put in place for residents identified to require same. Overall, it was noted that incidents were adequately managed and residents were provided with appropriate emotional support. It was noted that the number of incidents relating to behaviours that challenge had significantly decreased in the preceding period.

The inspector met with each of the three residents availing of the shared care service on the day of inspection. These residents were unable to tell the inspector their views of the service but appeared in good form and content in the company of staff. It was evident that the residents and staff members had a close relationship and staff were observed to respond to residents' non verbal cues in a kind and caring manner. Residents were observed to complete art work, puzzles and to sing and dance with staff while other residents enjoyed some quiet time in the sensory room. The sensory room had a 'jungle' theme and included a range of sensory toys,

equipment, music and lighting. There were plans for an upcoming Halloween party for residents and their families to attend.

The centre was found to be homely, comfortable, child friendly and overall in a good state of repair. A number of the residents had allocated bedrooms which only they used. Murals and inspiring phrases had been painted on walls throughout the centre. There was an affirmation board in the front hall displaying good wishes and news of upcoming events. The centre had a good sized back garden for residents use. It comprised of a seating area, two trampolines, a basketball hoop and a swing and slide set, a water play area and other sensory play and recreation facilities for the residents.

Residents were supported to engage in meaningful activities in the centre. There were a good supply of sensory toys, board games, arts and crafts materials available in the centre. Examples of activities that residents engaged in included, walks, drives, arts and crafts and puzzles. There was an activity board in the kitchen which listed the residents chosen activities for a given period. The centre had three vehicles for residents use. It was noted that residents appeared to enjoy drives in the centre vehicles.

There were no restrictions on visiting in the centre. However, it was reported that generally families would not visit their relatives during their shared care breaks in the centre. There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding their care and the running of the centre. The person in charge demonstrated a good knowledge of children's rights and her responsibility to uphold them.

The inspector did not have an opportunity to meet with the relatives of any of the residents, but it was reported that they were happy with the care and support being provided in the centre. The provider had completed a survey with relatives as part of its annual review of the quality and safety of care and this indicated that families were happy with the level of care their loved ones were receiving.

The full complement of staff were in place at the time of this inspection. The majority of the staff team had been working in the centre for an extended period. This meant that there was consistency of care for the residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

There were appropriate governance and management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the

children's needs.

The centre was managed by a suitably qualified and experienced person. The person in charge held a Degree in Applied Social Studies and a Certificate in Supervisory Management. She had more than five years management experience. She was in a full time position and was also responsible for one other centre located a relatively short distance away. She was supported by a team leader and four senior support workers in this centre.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the Regional Operations Manager who in turn reported to the Director of Social Care.

The provider had completed an annual review and an unannounced visit to review the quality and safety of care within the last six months as per the requirements of the regulations. A number of other audits and checks had been completed in the centre. Examples of these included, medication management, environmental cleanliness audit, mattress audit and hand hygiene. Staff meetings were being completed on a regular basis. These provided opportunities for shared learning across the team. The person in charge updated on a regular basis key performance indicator reports. This included areas such as staffing, retention, incident reporting, goal setting and finance.

The full complement of staff were in place. Staff retention had significantly improved in the preceding period. This meant that there was consistency of care for residents and enabled relationships to be built and maintained between residents and the staff team. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Some training had been provided to staff to support them in their role and to improve outcomes for the residents. There was evidence that staff had attended all mandatory training. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection.

Staff supervision arrangements were in line with the providers policy. The inspector reviewed a sample of staff supervision files and found they were of a good quality. This suggested that staff were being supported to perform their duties to the best of their abilities. Staff spoken with reported that they felt supported in their role and that the person in charge was approachable and a good leader.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

## Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person. She presented with a good knowledge of the regulations and of the care and support needs of each of the young people availing of the shared care service.

Judgment: Compliant

### Regulation 15: Staffing

The full complement of staff were in place. There had been improved retention of staff in the preceding period with the majority of the staff team working in the centre for an extended period. This provided consistency of care for the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There were suitable staff supervision arrangements in place which supported staff in their role.

Judgment: Compliant

### Regulation 23: Governance and management

There were appropriate governance and management systems in place. There was a clearly defined management structure in place that identified lines of accountability and responsibility. The provider had completed an annual review and six monthly unannounced visits to review the quality and safety of care in line with the requirements of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.



Judgment: Compliant

## Quality and safety

The residents availing of shared care in the centre, appeared to receive care and support which was person centred and of a good quality.

The residents' well-being and welfare was maintained by a good standard of care and support. Individual support plans had been put in place for each of the residents which reflected their assessed needs. Residents were supported to communicate using body language gestures, vocalisation, prompts, visual boards and pictures. Personal goals had been identified for residents to maximise residents' personal development in accordance with their individual health, personal and social care needs and choices. Personal plans had been reviewed on an annual basis in line with the requirements of the regulations.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy in place. Environmental and individual risk assessments for residents had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. Health and safety checks were undertaken on a regular basis with appropriate actions taken to address issues identified. An incident reporting system was in place. There was evidence of monitoring of incidents trends and of debriefs post significant incidents. This meant that opportunities to support staff, to learn from incidents and prevent reoccurrences were being promoted. The centre was supported by the provider's risk officer.

Overall, suitable precautions were in place against the risk of fire. However, it was noted on the day of this inspection that an external fire escape route could not be accessed. The exit route from the sensory room and also the sitting room led to a small enclosed side garden. The side gate from this enclosed area, which led to the assembly point at the front of the building, could not be opened on the day of inspection. The other side gate from the area could only be opened from the other side. Fire drills involving residents were undertaken on a regular basis although it was not clear if the exit route referred to above had been used in an extended period as part of a fire drill. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. There was documentary evidence that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks.

There were procedures in place for the prevention and control of infection. The provider had completed risk assessments and put a COVID-19 contingency plan in

place which was in line with the national guidance. The inspector observed that all areas were clean. A cleaning schedule and checklist was in place which was overseen by the person in charge. Colour coded cleaning equipment was available. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff.

There were measures in place to protect residents from being harmed or suffering from abuse. A small number of the residents attending presented on occasions with behaviours that challenge which were difficult for staff to manage in a group living environment. However, behaviour support assessments and plans had been put in place for residents identified to require same. Overall, it was noted that incidents were adequately managed and residents were provided with appropriate emotional support. It was noted that the number of incidents relating to behaviours that challenge had significantly decreased in the preceding period. There were intimate care plans in place which provided sufficient information to guide staff in meeting the intimate care needs of residents. There were appropriate arrangements in place to respond to all allegations or suspicions of abuse.

### Regulation 17: Premises

The centre was found to be homely, comfortable, child friendly and overall in a good state of repair. However, there was some chipped and worn paint in some of the communal areas. The provider had identified that the carpet in a small number of rooms was worn and required replacing. This work was planned.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments had recently been reviewed. There was evidence of monitoring of incidents trends and of debriefs post significant incidents.

Judgment: Compliant

### Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. The

provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance.

Judgment: Compliant

### Regulation 28: Fire precautions

It was noted on the day of this inspection that an external fire escape route and means of escape could not be accessed. The exit route from the sensory room and the sitting room led to a small enclosed side garden. The side gate from this enclosed area, which led to the assembly point at the front of the building, could not be opened on the day of inspection. The other side gate from the area could only be opened from the other side. Fire drills involving residents were undertaken on a regular basis although it was not clear if the exit route referred to above had been used in an extended period as part of a fire drill.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Resident's well-being and welfare was maintained by a good standard of care and support. Individual support plans had been put in place for each of the residents which reflected their assessed needs. Personal goals had been identified for residents to maximise residents' personal development in accordance with their individual health, personal and social care needs and choices. Personal plans had been reviewed on an annual basis in line with the requirements of the regulations.

Judgment: Compliant

### Regulation 6: Health care

Residents healthcare needs appeared to be met by the care provided in the centre. Each of the residents had their own general practitioner (GP) whom they attended from their family home.

Judgment: Compliant

### Regulation 7: Positive behavioural support

A small number of the residents attending presented on occasions with behaviours that challenge which were difficult for staff to manage in a group living environment. However, behaviour support assessments and plans had been put in place for residents identified to require same. Overall, it was noted that incidents were adequately managed and residents were provided with appropriate emotional support. It was noted that the number of incidents relating to behaviours that challenge had significantly decreased in the preceding period.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect residents availing of shared care from being harmed or suffering from abuse. There were intimate care plans in place which provided sufficient information to guide staff in meeting the intimate care needs of residents. There were appropriate arrangements in place to respond to all allegations or suspicions of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Resident's rights were promoted by the care and support provided in the centre. There was evidence that residents availing of shared care were consulted with, regarding their choice and preferences during their stay. Each of the residents had their own bedroom which promoted their dignity and independence.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not 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 Ashlan House OSV-0007749

Inspection ID: MON-0028515

Date of inspection: 07/09/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Painting works were carried out in February 2022 and May 2022, due to some of the complexities of the children who attend Ashlan House the house has encountered wear and tear. These have been identified by the Person in Charge and an action plan has been created to improve the current paint work.</p> <p>As noted above, the Persons in Charge has sourced a local company to replace carpet upstairs following the transition of the Service User residing in this area. Works to be completed by the end of 2022.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following the inspection, the Persons in Charge made immediate contact with the maintenance provider who attended Ashlan House and fixed the gate which could not be opened on the day of the inspection.</p> <p>This will also be incorporated into the weekly environmental checks to ensure that all external fire exits are in appropriate working order.</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.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	08/09/2022