



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:	Unannounced
Date of inspection:	22 April 2022
Centre ID:	OSV-0007749
Fieldwork ID:	MON-0035986

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 6 to 18 years. However, in April 2022 the provider was granted an application to vary the conditions of registration so as to allow a resident who was transitioning to adult care to continue availing of shared care in the centre until the end of September 2022. 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
Friday 22 April 2022	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed to inspect the arrangements which the registered provider had put in place in relation to infection prevention and control.

From what the inspector observed, there was evidence that the registered provider had put in place systems and arrangements which were consistent with the National Standards for infection prevention and control in community services. This promoted the protection of residents who may be at risk of healthcare-associated infections. Significant progress had been made since the last inspection to bring the centre into compliance with the Regulations. In particular, a range of improvements had been made to the maintenance and repair of the premises. However, there remained some improvements for maintenance of the kitchen.

The centre was registered in January 2020 for up to five residents, 18 years and under. 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.

The centre provides a shared care arrangement for a total of eight residents. At the time of inspection, there were two groups of four residents attending. Each group attended separately for seven days in total over a two week period. Consequently there were only four residents attending together at any one time. 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.

The centre comprised of a two-storey, six-bed roomed house which was located in a rural setting. The centre was found to be comfortable and homely. Since the last inspection, significant progress had been made to make the centre more homely with the addition of a range of soft furnishings and mural paintings on walls throughout the centre. Overall, the inspector found that the centre appeared clean. However, there was a small amount of worn and broken paint on some walls and woodwork in the kitchen area and the surface of the kitchen table appeared worn. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

Cleaning in the centre was the responsibility of the staff team. There were detailed checklists in use by the staff team and records were maintained of areas cleaned. The inspectors found that there were adequate resources in place to clean the centre.

The inspector met with each of the four residents residing in the centre on the day of inspection. A number of these residents were unable to tell the inspector their views of the service but they appeared in good form and happy in the company of staff and their fellow residents. One of the residents told the inspector that they 'liked' coming to the centre. It was evident that staff members had a close bond with each of the residents. Staff were noted to respond to residents' verbal and 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 recently been refurbished with a 'jungle' theme. It included a range of sensory toys, equipment, music and lighting.

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.

Conversations between the inspector with the residents and staff took place with the inspector wearing a medical grade face mask and social distancing in line with national guidance. The inspector met and spoke with the team leader and a number of staff members. The person in charge was on planned leave on the day of this inspection. In addition, the inspector spent time reviewing documentation and observing the physical environment of the centre.

There was evidence that the residents and their representatives were consulted and communicated with about infection control decisions in the centre and national guidance regarding COVID-19. Infection control and COVID-19 was a standing agenda item at monthly team meetings and at management meetings.

There was one staff vacancy at the time of inspection. However, this vacancy was being covered by regular relief staff member or other members of the staff team. This meant that there was consistency of care for the residents. Recruitment was reported to be underway for the position. There had been a high level of staff turnover since the centre first opened but considered a suitable and consistent staff team had been put in place.

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 in respect of infection prevention and control arrangements.

Capacity and capability

There were management systems and processes in place to promote the service to

deliver safe and sustainable infection prevention and control arrangements.

The centre was managed by a suitably qualified and experienced person. The person in charge had taken up the post in April 2021. She was on planned leave on the day of this inspection so was not met with in person. The person in charge held a degree in applied social studies in social care and had more than five years management experience. She was in a full-time position and was not responsible for any other centre. The person in charge was supported by a team leader who was met with, and who facilitated this inspection. The team leader reported that she felt supported in her role and had regular formal and informal contact with her manager. She had a good knowledge of infection prevention and control requirements and the assessed needs and support requirements for each resident in this regard.

There was a clearly defined management structure in place that identified lines of accountability and responsibility for infection prevention and control. 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 head of social care. The person in charge and regional manager held formal meetings on a regular basis.

There was evidence that infection prevention and control had been prioritised by the registered provider and the highest levels of management within the organisation. A social care surge capacity plan for COVID-19 and a service continuity plan had been put in place. These detailed that in the event of an outbreak a response team would be mobilised to support the service. This team was to consist of the person in charge, head of division, clinical risk manager, people and culture manager and the regional manager. The provider's quality and risk management department undertook audits at regular periods to assess compliance with relevant legislation, regulations, policies and standards. There were also a number of audits completed in the centre which considered infection prevention and control. These included, health and safety environmental audit, cleanliness audit, hand hygiene and personal protective equipment tracker. The audits completed were found to be comprehensive in nature and there was evidence that actions were taken to address issues identified.

The registered provider had a range of policies, procedures, protocols and guidelines in place which related to infection prevention and control. Additionally, there was a suite of information and guidance available in the centre on infection prevention and control, and COVID-19 from a variety of sources including Government, regulatory bodies, the Health Service Executive (HSE), and the Health Protection and Surveillance Centre (HSPC).

The inspector met with members of the staff team during the course of the inspection. They told the inspector that they felt supported and understood their roles in infection prevention and control. There were systems in place for workforce planning to employ suitable numbers of staff members with the right skills and expertise to meet the centre's infection prevention and control needs. There was one staff vacancy at the time of inspection. This vacancy was being filled by a

relatively consistent group of relief and agency staff members. The staff members met with had a good knowledge of standard and transmission precautions along with the procedures outlined in local guidance documents.

The staff team were found to have completed training in the area of infection prevention and control. Staff members met with told the inspector that the training they had completed had informed their practice and contributed to a greater understanding of infection prevention and control. The inspector found that specialist supports were available to the staff and management teams from the HSE should it be required and contact information relating to these supports were documented in the centre.

Quality and safety

The residents appeared to receive person-centred care and support whereby the residents were well informed, involved and supported in the prevention and control of healthcare-associated infections.

Residents and their families were provided with appropriate information and were involved in decisions about their care to prevent, control and manage healthcare-associated infections. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. Posters promoting hand washing were on display.

Overall, the centre appeared clean and in a good state of repair. A number of areas had been repainted in the preceding period with new furniture and soft furnishings purchased. However, there was a small amount of worn and broken paint on some walls and woodwork in the kitchen area and the surface of the kitchen table appeared worn. This meant that these areas were difficult to effectively clean from an infection control perspective. A cleaning schedule was in place which was overseen by the person in charge and team leader. Records were maintained of cleaning completed. Specific training in relation to COVID-19 and infection control arrangements had been provided for staff. Temperature checks for staff and residents were undertaken at regular intervals. There were arrangements in place for the management of maintenance issues. Staff members reported that overall maintenance issues were promptly resolved in the centre.

There were arrangements in place for the laundry of residents' clothing and centre linen. There were suitable domestic, recycling and compostable waste collection arrangements in place. There was no clinical waste in use. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider.

There were procedures in place for the prevention and control of infection. A surge capacity plan for COVID-19 and a service continuity plan was in place. These contained specific information about the roles and responsibilities of various

individuals within the organisation and included an escalation procedure and protocols to guide staff in the event of an outbreak in the centre.

The inspector found that there was sufficient information in the centre to encourage and support good hand hygiene practices. Sufficient facilities for hand hygiene were observed. Staff were observed to appropriately clean their hands at regular intervals and they were wearing medical grade face masks in accordance with current public health guidance. All visitors were required to sign in, complete checks and provide information to facilitate contact tracing.

Regulation 27: Protection against infection

The inspector found that the registered provider had developed and implemented effective systems and processes for the oversight and review of infection prevention and control practices in this centre. Overall, practices were consistent with the national standards for infection prevention and control in community services. The provider had a suitable governance framework in place which resulted in the delivery of safe and quality services for the residents living in the centre. The structures in place allowed for good oversight of infection prevention and control practice which included ongoing monitoring and the development of quality improvement initiatives. However, there was a small amount of worn and broken paint on some walls and woodwork in the kitchen area and the surface of the kitchen table appeared worn. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Ashlan House OSV-0007749

Inspection ID: MON-0035986

Date of inspection: 22/04/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>New table & chair suite has been sourced and approved for purchase. Awaiting delivery to replace current dining set.</p> <p>Painting touch ups undertaken on the 3rd May, this is to be monitored more regularly due to presenting behaviours of services users excessive wear and tear has been noted with touch up painting now scheduled on a regular basis.</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	27/09/2022