



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

Issued by the Chief Inspector

Name of designated centre:	Ashfield Services
Name of provider:	Lotus Care Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	21 February 2024
Centre ID:	OSV-0008488
Fieldwork ID:	MON-0042960

About the designated centre

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

Ashfield Services provides respite services for up to four adults or children with mild to moderate intellectual disabilities and Autism who may present with additional needs. At no time are there adults and children in respite at the same time. The centre consists of a two-storey house in a rural area in Co. Kildare. There is a large front garden and driveway to the front of the house, and a driveway and play area at the back of the house. There is a large kitchen/dining area, a sitting room, a utility room, a bathroom, a sensory room and two bedrooms downstairs, and one of the bedrooms has an ensuite bathroom. Upstairs there are two further bedrooms, one of which is used as a staff office and sleepover room. There is a main bathroom upstairs and one of the bedrooms has ensuite facilities. There are two vehicles to support respite users to access school or activities of their choice in the local community. Respite users are supported 24/7 by a staff team consisting of a person in charge, a team leader, social care workers and care staff.

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 (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 21 February 2024	11:00hrs to 16:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to assess the provider's compliance with the regulations and found that children availing of respite were well-supported and cared for in the centre. Improvements had been made to the premises and more were planned. Some work had been completed in relation to documentation and the provider had recognised that further improvements were required.

Ashfield Services is a large five bedroomed house in a rural setting in County Kildare. There are two resident bedrooms downstairs, one of which has ensuite facilities. There is also a play room, a bathroom, a large kitchen come dining room, a separate sitting room and a utility room with laundry facilities. There are two resident bedrooms upstairs, one of which has an ensuite upstairs. There is also a staff sleepover room/office with ensuite facilities. There is a large garden to the front and back of the property. There is some outdoor play equipment such as a swing and slide, and a football net. Plans were in place to purchase a trampoline and covered sand pit. The centre is within driving distance of a number of towns and villages and there were three vehicles to support residents to attend school, appointments, to visit their family and friends, or to take part in activities they enjoy.

There were a number of rooms where respite users could spend their time. This included a large open plan room with a kitchen, dining room and living area. There was also a separate sitting room with a television and a selection of toys. There was also a play room with board games, puzzles and arts and crafts supplies. Respite user's bedrooms contained their personal items and they had their art work, posters of their favorite characters and toys on display. They also had televisions in their rooms.

There were two children availing of respite at the time of the inspection. The inspector of social services had the opportunity to meet with them both, and to observe them spend time playing and interacting with staff in the centre. They both appeared very comfortable and content in the centre, and in the presence of staff. Warm, kind, and caring interactions were observed between the children and members of the staff team throughout the inspection. Staff took every opportunity to speak with the inspector about the children's likes, dislikes, and talents.

The children were observed to spend time in different parts of the house and to take part in activities of their choice such as drawing, colouring and painting. One child was supported to attend a medical appointment and they spoke about their plans to go shopping with staff after their appointment. Overall, from speaking with the two children and staff, and through a review of documentation, it was evident that they were both keeping busy and had things to look forward to.

There was information available in posters, easy-to-read documents and social stories for children in relation to areas such as their rights, advocacy, health

appointments, personal hygiene, safeguarding, and healthy eating. Resident meetings were occurring regularly and agenda items included activities, menu planning, complaints, fire safety, car safety, and staying safe. Children were meeting with their keyworkers on a regular basis and they each had a folder with pictures to support them to make choices in relation to activities and menu planning.

Overall, both children appeared comfortable in the centre. They also appeared comfortable in the presence of staff, and with the levels of support offered by them. Areas of good practice were identified in relation to residents' rights, arrangements for visits, and safeguarding in the centre. Some improvements were required in relation to, residents assessments and personal plans, the premises, and admissions and contracts of care. These areas will be discussed later in the report.

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

Capacity and capability

Overall, the findings of this inspection were that respite users appeared comfortable and content in the centre. They were supported by a staff team who were familiar with their care and support needs and who were motivated to ensure they were happy and safe in the centre. There were a small number of staff vacancies but the provider was working hard to ensure continuity of care and support for respite users while recruiting to fill these. Some improvements were noted in relation to the premises and documentation since the last inspection and more work was planned in each of these areas.

The provider had furthered strengthened the management team since the last inspection. They had promoted members of the staff team to the positions of team leader and deputy team leader. In addition, they were supported by a recently promoted operations manager. They were also supported by a director of services who was a person participating in the management of the designated centre, and there was an on-call manager available 24/7.

A new person in charge had started working in the centre a number of weeks before the inspection. They were also identified as person in charge of another centre operated by the provider a short distance from this one. They were identifying areas of good practice and identifying areas where improvements were required. They had a clear focus on quality improvement and were motivated to ensure that each respite user was happy, and safe.

There had been a number of months when some audits, staff meetings, and staff supervision had not occurred as planned. This had occurred while the provider was recruiting to fill the person in charge role; however, staff told the inspector they were well supported by the management team during this time. There had been a

recent staff meeting and staff supervision had recommenced. Staff were accessing training in line with the provider's policies and respite user's assessed needs.

An annual review of the centre was not due as the centre was not operating for 12 months. The provider had completed an unannounced six-monthly review in line with the requirement of the regulations. A weekly service and governance report was now being completed by the staff team and this was shared with the management team. These reports were comprehensive in nature and covered areas such as budgeting, staffing, on the floor practice, documentation, areas of achievement, planned and unplanned staff leave, resident updates, complaints, training, restrictive practice and incidents and accidents.

Regulation 14: Persons in charge

The person in charge was full-time and had the skills and experience to fulfill the role. They were also identified as person in charge of another designated centre operated by the provider but were supported in their role by a number of local managers and there were systems in place to ensure that could ensure effective governance, operational management and administration of this centre.

Judgment: Compliant

Regulation 15: Staffing

There were 1.5 staffing vacancies in the centre but while the provider was recruiting to fill these they were ensuring continuity of care and support for respite users through the use of regular agency staff, where possible. There was a detailed induction checklist completed with agency staff who had not worked in the centre before.

The inspector observed children receiving assistance and support in a timely and respectful manner during the inspection. The children appeared happy and content in their company, and to seek them out when they required support.

There were planned and actual rosters and they were well maintained.

Judgment: Compliant

Regulation 22: Insurance

The centre was insured against accidents or injury to residents and for risks such as

loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

The management structure in the centre was clearly defined. The provider had plans to complete an annual review once the centre was operating 12 months and they had completed a six-monthly unannounced provider visit in line with regulatory requirements. They were planning to capture respite user's views and that of their representatives as part of the annual review.

In line with the findings of the previous inspection, the inspector found that some improvements were required to the provider's oversight of some documents in the centre and this is captured under Regulations 24.

The provider's systems to trend, analyse and track incidents were being utilised effectively in the centre. The required actions were being taken in a timely manner and learning from incidents was being shared with the staff team.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Overall, an evaluation of the effectiveness of the providers policies, procedures and documentation relating to admissions was required to ensure they clearly identified the type of service they could provide in this centre. For example, the admission policy was for children's respite and the centre was registered as a mixed centre which could provide respite for children and adults. The statement of purpose did not clearly describe the type of service provided in the centre. The contracts of care also required review to ensure they clearly described the type of supports and services in place for respite users.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector of Social Services was notified of the occurrence of incidents in line with the requirement of the regulations.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The Chief Inspector was notified of the absence of the previous person in charge in line with the requirement of the regulations.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

When the previous person in charge was absent for a continuous period of 28 days or more, the provider put suitable arrangements and procedures in place for the management of the centre, and notified the Chief Inspector of this.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the children in the centre were well cared for and supported. They were supported by the staff team to become aware of their rights, to take part in activities they enjoyed, and to spend time with their family and friends.

Each child had an assessment of need and personal plan in place; however, the sample reviewed were not found to be sufficiently detailed to guide staff to support them. The inspector acknowledges that the provider had recognised this and developed new templates, but more time was required to implement these planned changes.

The house appeared warm, clean and comfortable. A number of improvements had been made to the premises, and more were planned. There was suitable outdoor play equipment and indoors respite users could access to a number of communal areas where there were games, toys, and televisions.

Overall, respite users, visitors, and staff were protected by the risk management policies, procedures and practices in the centre. There were general and individual risk assessments in place and these were being reviewed and updated at the time of the inspection. There were systems to ensure that vehicles were insured and

roadworthy.

Respite users were protected by the safeguarding policies, procedures and practices in the centre. The provider was reporting and following up on allegations or suspicions of abuse or neglect in the centre in line with their own, and national policy. Safeguarding plans were developed and reviewed as required. Staff had completed child protection and safeguarding training and those who spoke with the inspector were aware of their roles and responsibilities in relation to safeguarding and protection. Respite users had detailed intimate care plans in place.

Regulation 11: Visits

The provider had a visitors policy in place and arrangements for visits was also detailed in the statement of purpose and residents' guide in the centre. Respite users were being supported to contact and visit their relatives if they wished to, and if it did not pose a risk. There were a number of private and communal spaces available for respite to meet with visitors, if they so wished.

Judgment: Compliant

Regulation 13: General welfare and development

The children had opportunities to play, opportunities to spend time alone, and opportunities to develop life skills. They were taking part in activities in line with their interests. They were being supported to access education and supported to achieve their educational goals. One child was attending school and the other child was being supported to access a tutor. Staff were observed encouraging the children to develop their spelling and writing skills during the inspection.

Judgment: Compliant

Regulation 17: Premises

The premises were warm, clean, nicely decorated and well suited to respite users assessed needs. They had access to private space and a number of communal areas. Additional storage had been made available in respite user's bedrooms since the last inspection and they now had access to sufficient storage for their personal items.

A number of maintenance works and repairs had been completed since the last inspection and more had been reported and works were due to be completed just

after the inspection. The outstanding areas included tiles requiring grouting, the replacement of a side bath panel, a review of the draft coming in some windows, the installation of a thumb lock, and fixing parts of the flooring in the living room.

Judgment: Compliant

Regulation 18: Food and nutrition

Efforts were made by the staff team to ensure that respite users were involved in shopping, preparing and cooking if they wished to. There were picture and written menus available and menu planning was discussed as part of residents' meetings. There were plenty of food, snacks and drinks available and there were systems in place to ensure that date of opening was added to products and the temperatures of food were monitored and recorded.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents' guide which was available in the centre and contained the required information to meet regulatory requirements.

Judgment: Compliant

Regulation 26: Risk management procedures

Respite users, staff and visitors were protected by the risk management policies, procedures and practices in the centre. There were general and individual risk assessments which were reviewed regularly. Work was in progress at the time of the inspection to ensure the risk rating on risk assessments was reflective of the presenting risks, the control measures in place, and the number of incidents occurring in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Respite users had an assessment of need and personal plans in place; however,

these documents did not clearly identify their health, personal, and social care needs. Areas of assessments and plans were not fully completed at the time of the inspection, and required review to ensure they were factually accurate, reflective of respite user's needs and adequately guiding staff to support them in line with their wishes and preferences. The provider was aware of this and had developed a number of new templates but these were not fully implemented at the time of the inspection.

Residents were meeting with their keyworkers on a regular basis and in the process of developing goals at a pace that suited them.

Judgment: Substantially compliant

Regulation 8: Protection

Respite users were protected by the policies, procedures and practices relating to safeguarding. Allegations and suspicions of abuse were reported and followed up on in line with the provider's and national policy. Safeguarding plans were developed as required. Staff had completed training and those who spoke with inspectors were aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

A sample of respite user's intimate and personal care plans were reviewed and found to be suitably detailed to guide staff practice to support residents in line with their wishes and preferences while ensuring their privacy and dignity was maintained.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ashfield Services OSV-0008488

Inspection ID: MON-0042960

Date of inspection: 21/02/2024

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: In our Admissions and contract for the provision of services you will find the following documentation for all users in the appropriate file, as of 21/03/24:</p> <ul style="list-style-type: none"> • Admission Policy • Revised Statement of Purpose • Terms and Conditions of Respite Services • Agreement of Care • Pre Admissions Referral Form • Pre Admission Collective Risk Assessment • Letter of Consent for Picture 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Person centered Planning folder and Individual Support Plans now all updated and in place for residents as of 21/03/24.</p> <p>These plans include,</p> <ul style="list-style-type: none"> • CICR Minutes, • Risk Assessments, • Activity Planners, • Key working sessions and goals, • All about me information, • Using my environment, • Assessments of needs, • Contacts and monthly reports. 	

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 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	21/03/2024
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Substantially Compliant	Yellow	21/03/2024
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that	Substantially Compliant	Yellow	21/03/2024

	resident and, where appropriate, the fees to be charged.			
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Substantially Compliant	Yellow	21/03/2024
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	21/03/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	21/03/2024
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident,	Substantially Compliant	Yellow	21/03/2024

	as assessed in accordance with paragraph (1).			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	21/03/2024
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	21/03/2024
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	21/03/2024