



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

Issued by the Chief Inspector

Name of designated centre:	Ashby House
Name of provider:	The Rehab Group
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	10 January 2024
Centre ID:	OSV-0008545
Fieldwork ID:	MON-0040875

About the designated centre

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

Ashby house designated centre provides residential care and support for up to four adult residents, male and female, with a mild/moderate intellectual disability. It is located in a residential area on the outskirts of a large town. The town is accessible on foot or via public transport/taxi. There is a vehicle available specifically for the service. The house is a detached two storey house that comprises five bedrooms and one office room. This includes four resident bedrooms with en-suites, and one staff sleepover room. There is a combined kitchen/dining area which leads into a communal sitting room/ TV area. There is a private back garden space that provides a private area for residents and visitors. The centre is staffed by a team of care workers day and night, under the management of a team leader and a person in charge. There is a waking night staff in addition to a sleepover staff to provide support to residents at night if required.

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 10 January 2024	12:00hrs to 18:40hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was the first inspection of this centre since its registration in July 2023. The inspection was carried out to monitor compliance with the regulations. Overall, the inspector found that the service was well run and all residents had been supported to transition safely to Ashby house and were happy living there.

On arrival to the centre, the inspector was greeted by a staff member and the person in charge. Two residents were reported to be attending day services and two residents were at the house as they had chosen to stay at home from their day service that day. Throughout the day the inspector got the opportunity to meet with all four residents, with two staff members and with the person in charge.

The inspector spent time with one resident in the sitting-room on arrival to the centre. The inspector gave the resident a document called 'nice to meet you' that inspectors use to try to explain the purpose of their visit. The resident greeted the inspector warmly and spoke about their move to the centre. They spoke about their day to day life, their family, their travels and their hobbies. They said that they loved their new home.

Throughout the day all residents were met with. All residents said that they liked living at the centre, with one resident saying 'I love it, it's amazing'. Some residents had known each other prior to the move to their new home. One resident hadn't met the other residents until the move was proposed. They said that they enjoyed living with, and getting to know, all other residents. All residents said that they get on well with each other. Through discussions and observations it appeared that residents had formed new friendships since they started living together. Residents were supported to do individual activities and interests. In addition, they also chose to spend time together doing activities such as going bowling together each week and going for local walks.

Residents spent time individually speaking with the inspector. All residents agreed to show the inspector their bedrooms. Residents were supported to move to the centre through an individual transition plan. This included reviewing compatibility and in consulting each resident about their choices of décor for their bedrooms for example. All residents had en-suite bedrooms and where residents' needs required ground floor accommodation, this was in place. Bedrooms were individually decorated, with paint colours and furniture chosen by residents. Some residents chose to bring furniture from their previous home and some chose to get new furniture. One resident showed the inspector a beautiful storage unit that a family member had made them. Residents' individual hobbies and interests were respected. For example; one resident had a large collection of model vehicles, some of which were on display in the communal areas as well as having a safe area in their individual bedroom for storing them. The inspector was informed about how residents' individual hobbies and interests were supported. The inspector observed

residents and staff talking about possible future plans related to residents' interests.

Residents spoke about their involvement in their local community and about the amenities that they visited in the local town. Residents enjoyed going to the cinema, bowling alley, local restaurants, swimming pools, local slimming groups and going for local walks. Residents who did not originally live in this area were supported to maintain contacts in their previous location, by attending their day place in the previous location. Where relevant, residents were supported to learn to use the public bus independently and could choose to do this, if they wished. There was transport available at the house also if residents chose to use to avail of this option.

Residents were reported to have very good family contact. All residents spoke about their family members and showed the inspector photographs of various family members and family occasions. Some residents chose to visit their family at weekends and Christmas time. In addition, visits to the house by family and friends were welcomed and occurred regularly. A house-warming party was held in the house in October, at which many friends, family and the local neighbours attended. The inspector was informed that the neighbours were very welcoming and that residents were part of the local neighbourhood phone group and were invited to attend the neighbourhood meetings. One resident was involved in advocating for accessible walkways in the local park and had met with local representatives in pursuing this. This resident had plans to give a presentation at a national inclusion group meeting the following week. They spoke about this and they also showed the inspector their presentation about their move to the centre, which was beautifully written and captured their initial worries and excitement about moving to a new home.

Staff met with spoke fondly about residents and were observed being respectful in their interactions with residents. Staff had undertaken human rights training, and said that they found this useful adding that it was important to treat residents with dignity and respect. Residents held monthly house meetings, minutes of which were reviewed. These meetings covered a variety of topics including; rights, safeguarding, complaints and health and safety issues, including fire safety. Residents spoke about fire training that they had completed last July. They spoke about practicing using the fire extinguishers and mentioned measures to reduce risks of fire such as not charging one's mobile phone at night. One resident spoke about where the firefighting equipment was located and described where to go in the event of a fire.

It was clear through a documentation review, observations and speaking with residents, that residents were consulted about the centre and could make choices in their everyday lives. Residents spoke about the meals that they chose, and explained about how they planned meals for the week together. One resident typed up the meal plan for the week following agreement about the meal plan. There was bacon and cabbage for dinner on the day of inspection, about which two residents said was their favourite meal. Some residents spoke about using the kitchen equipment such as the air fryer, and one resident was learning to be more independent using a microwave cooker.

The house itself was beautifully decorated and provided a warm and homely atmosphere. The house was clean, spacious and well maintained. Residents had their own bedrooms and en suite facilities. The house was designed to meet the needs of residents with residents who had specific mobility needs being accommodated in ground floor bedrooms. Accessibility was promoted with ramps and some external doors supporting wheelchair users.

There was a separate laundry facility off the kitchen where residents could launder their own clothes. One resident spoke about this and said they could do their laundry whenever they liked. The service had identified that in order to promote full independence in this area for one wheelchair user, that an alteration may be required to support them to access the room without staff support in holding the door open. This demonstrated that the service was striving to promote independence and ensure full accessibility for all residents to relevant areas of the house.

Overall, the service was found to provide good quality person-centred care to residents where residents were provided with opportunities to take part in activities that they enjoyed.

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

Capacity and capability

Overall, this inspection found that the management systems in place in Ashby house ensured that the service was well governed and monitored. Residents were supported to transition to the centre in a safe and planned manner. Residents were complimentary of the centre and the supports provided to them. This demonstrated about how good governance and management arrangements helped to ensure effective and safe care at times of major life changes for residents.

The local management team comprised a person in charge and team leader. The person in charge commenced in their role in December 2023, having been the centre's team leader prior to this. A new team leader was due to commence in the coming weeks. The person in charge demonstrated very good knowledge of the centre and about the individual needs of residents.

The service ensured that the numbers and skill mix of staff were suitable to meet the needs of residents. The service had a training plan which included a list of mandatory and site specific training for staff working in the centre. A review of the training plan and sample of staff records demonstrated that in general staff had completed all of the required training. Where there was outstanding training, a plan was in place for this to be completed in a timely manner.

Staff were supported through 1:1 meetings with their line manager and through attendance at monthly staff meetings. Staff were facilitated to raise concerns or topics for discussion at these meetings. Staff spoken with said that they felt well supported. Staff meetings were found to be comprehensive and covered a range of topics including residents' individual support needs, incident reviews, fire safety, training and safeguarding.

This inspection found that there were robust systems in place for monitoring, and in ensuring oversight, of the centre. This included weekly and monthly audits completed by the local management team. In addition, the provider had completed its' first unannounced visit in September and a report was available for review. Audits were found to be effective in identifying areas for improvement and actions were found to be followed up in a timely manner.

Overall, the management team demonstrated that they had the capacity and capability to manage the service and to ensure that a safe and high quality service was provided to residents.

Regulation 14: Persons in charge

The person in charge had the experience and qualifications to manage the centre. They worked full-time and were based primarily in the designated centre. They were very knowledgeable about the needs of residents and it was evident that they were familiar to residents and that residents were comfortable around them.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual rota in place which was well maintained and accurately reflected the times and names of staff working on the day of inspection. There appeared to be the appropriate numbers of staff available to support residents with their assessed needs. Residents confirmed that they had enough staff to support them to do any activities that they wished. There was a vacant post for a team leader, which was due to be filled in the coming weeks.

A sample of staff files were reviewed and were found to contain all the information required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a range of training courses to support them in developing the skills and knowledge required to meet the needs of the service. Training was completed in areas such as: fire safety, human rights, safeguarding, epilepsy awareness, Children First, infection prevention and control (IPC) and behaviour management. There was a plan in place for staff to avail of identified outstanding training with dates set for one staff to complete behaviour training and two staff to complete people moving training.

Staff supervision meetings took place regularly, with records maintained. Staff said that they felt well supported by the management team in fulfilling their role.

Judgment: Compliant

Regulation 23: Governance and management

There were good arrangements in place for the governance and management of the centre. There were robust systems in place for reviewing and monitoring practices in the centre. Audits were effective in ensuring that actions to improve the service were identified and completed in a timely manner.

The provider ensured that an unannounced visit occurred in the service within the first few months of the centre opening, and within the six months required in the regulations

The centre appeared suitably resourced to meet the needs of residents. Staff were offered opportunities to raise any concerns that they have about the operation of the service through regular team meetings.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents' admission to the service involved individually tailored transition plans which considered assessed needs and safety issues. For example; where adaptations were required to the house to support assessed needs, this was completed. The transition planning also included a compatibility review of residents, which helped to promote residents' safety.

Residents spoke positively about their move to the centre. They spoke about how they chose colours for their individual bedrooms and about how they brought

personal belongings to their new home as they chose.

Residents had a written contract for the provision of services which clearly outlined the fees to be charged. A sample of written contracts were reviewed and found to be signed as agreed by residents and a representative of the provider.

Judgment: Compliant

Regulation 30: Volunteers

The service was in the process of seeking a volunteer for residents. The person in charge had met with the volunteer and had outlined their roles and responsibilities, which were documented and signed as understood. The person in charge ensured that Garda vetting was in place for the volunteer and they confirmed that they would be supervising the volunteer when they commence in their role.

Judgment: Compliant

Quality and safety

This inspection found that Ashby house provided residents with high quality person-centred care and support. The service promoted a rights' based culture, where residents were regularly consulted about the service and were supported to make choices in their everyday lives.

The house was well maintained and homely. The centre had suitable communal and private spaces for residents to enjoy, including personal bedrooms and spacious living areas. Residents had space to store their personal belongings securely. Residents' finances and personal possessions were protected with records maintained of finances and belongings.

The health and safety of residents were promoted in the centre. Residents were consulted about, and supported to understand, health and safety topics. For example; reviews of various topics occurred at residents' meetings, including the arrangements for fire safety. Easy-to-read documentation was available to aid residents' understanding if required. Residents spoke about fire safety training that they had undertaken and what they had learned at this. In addition, residents were supported to take risks in their lives to positively enhance their independence. Where supports were required, these were documented in care plans and kept under review with the participation of residents involved.

The person in charge ensured that assessments were completed of residents' health, personal and social care needs. Support plans were developed for any area of care

identified such as; personal and intimate care plans, epilepsy management plan and finance management plans. Residents were supported to identify and work on personal goals for the future.

Residents were supported to choose general practitioners (GPs) and pharmacies that were satisfactory to them. In addition, residents' health and wellbeing were promoted through attendance at a variety of healthcare professional appointments. In general, residents had access to multidisciplinary team (MDT) supports; however one resident was awaiting access to psychology supports, following a request for this in September.

It was clear that a human rights based approach to care was promoted in the centre. Residents were consulted about the running of the centre through the monthly residents' meetings and through one-to-one key working sessions. This forum allowed a space for residents to raise any complaints or concerns. When asked by the inspector, one resident said they would go to the person in charge if they had any complaints. Residents were supported to access independent advocates as required, and to receive talks about advocacy. It was clear through speaking with residents that residents' life choices and preferences were listened to and respected.

Overall, the inspector found that the service provided ensured that residents were safe and that their personal preferences were listened to and respected.

Regulation 10: Communication

All residents communicated verbally. Easy-to-read information on a variety of topics were available to residents to supplement communication and to aid residents' understanding of topics that they were consulted about.

Residents had access to televisions, technological devices, mobile phones and the internet, in line with their individual choices.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in Ashby house were facilitated to bring their personal belongings with them on their move to the centre if they chose to. Some residents chose to bring their own furniture with them, and some residents chose to get new furniture for their new bedrooms. Residents' wishes in this regard were respected. Each resident had their own personal bedroom with adequate space for the safe storage of their personal belongings.

Residents could retain access over their finances if they wished. A finance management plan was developed with residents to establish their wishes with regard to supports required. Residents had financial accounts in their own names and records of transactions and expenditure were maintained.

Residents could choose to do their laundry whenever they wished and were supported with this if required.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in activities and recreation options that they enjoyed and that were meaningful to them. This included activities that residents previously enjoyed prior to moving to the centre. In addition, some residents had commenced new activities since their move to the area. Residents attended day services, employment and volunteer work in line with their wishes and preferences.

Residents were supported to maintain links with their families, friends and the wider community since their move to Ashby House. This included; regular visits to family members, involvement in community groups and establishing links within their new neighbourhood.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the house ensured that residents enjoyed a safe, comfortable and homely environment. Each resident had their own en-suite bedroom that they were involved in decorating prior to their move.

The house was well maintained, clean and spacious for the numbers and needs of residents. The management team was proactive in continuous quality improvement with some actions recently identified and being followed up by the person in charge; including getting an external shed for storage and reviewing if access to laundry facilities could be made easier for one resident with mobility needs.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety. These included; fire containment doors, a fire alarm system, emergency lights and fire fighting equipment. There were regular checks completed on the fire safety arrangements to ensure that they were functioning and fit for purpose.

Staff and residents had completed training in fire safety. Each resident had a personal emergency evacuation plan (PEEP) which outlined supports required both day and night. These were found to be reviewed following fire drills. There was a gap in the fire drill records on the day of inspection as the fire drill that involved staff moving a bed through exit doors in line with a PEEP was not available ; however this was addressed post inspection with the record provided to the inspector.

Audits and provider visits reviewed fire safety arrangements and were found to be effective in identifying actions for improvement.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment of residents' health, personal and social care needs was completed prior to their move to the centre. Care and support plans were developed on residents' move to the centre, and were kept under ongoing review with residents and updated as required. Residents had accessible and easy-to-read personal plans.

Judgment: Compliant

Regulation 6: Health care

Residents' health and wellbeing were promoted and their wishes respected in this regard. In general, residents had access to healthcare professionals and MDT supports as required. However, the following was found;

- One resident who required psychology support for a personal issue, and for whom a referral had been made since September 2023, was awaiting this support to be provided. The inspector was informed that a meeting was due to be held in the coming weeks with the relevant members of the psychology department to review this support need.

Judgment: Substantially compliant

Regulation 8: Protection

Residents' protection was promoted in the centre through a safe and planned transition to the centre, through the implementation of policies and procedures, through staff training in safeguarding and through discussions with residents and staff team about safeguarding.

Residents spoken with said that they felt safe in the centre and that they got on well with each other.

Judgment: Compliant

Regulation 9: Residents' rights

From what the inspector was told and what was observed on the day, it was evident that the service promoted a rights based service where residents were regularly consulted and supported to make everyday choices in their lives.

There were arrangements in place to consult with residents on an ongoing basis through monthly residents' meetings and key-working sessions, where residents got the opportunity to review and discuss issues with nominated staff. Residents spoke about their interests, hobbies and personal preferences for activities and leisure interests, which they were found to be supported to participate in.

Residents were supported to enhance their self-advocacy skills through talks on advocacy and rights. They were also supported to avail of, and access, the services of independent advocacy services if preferred.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ashby House OSV-0008545

Inspection ID: MON-0040875

Date of inspection: 10/01/2024

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 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • PIC has raised the referral with Psychology Team again and identified it as priority, this was completed on 19/01/2024. • Resident has been offered support to seek a referral to HSE Psychology Service, resident has declined this option and chooses to wait for internal Psychology service. Resident is being kept up to date. • Resident is being provided with increased support from their keyworker and all actions taken, meetings held, and progress made in addressing the resident's needs are being documented. 	

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 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	20/03/2024