



Office of the Chief Inspector

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

Name of designated centre:	Ashington Group - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	22 January 2019
Centre ID:	OSV-0003979
Fieldwork ID:	MON-0021850

About the designated centre

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

Ashington Group consists of three community based homes that is part of the Daughters of Charity community services that provides a high level of support care to nine people with intellectual disabilities. It is situated in a quiet residential area. All residents living in Ashington Group have single occupancy bedrooms. All three houses have communal bathroom, kitchen, dining and sitting room areas and rear facing gardens. The three houses are long stay residential homes which are open 24 hours a day, seven days a week. They are staffed by a clinical nurse manager, staff nurses, social care workers and health care assistants. The staff in Ashington Group strive to provide a homelike environment where each persons individual needs are identified and met. Staff support residents to attend day services or individual activities daily. At weekends some residents go home to their families.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
22 January 2019	10:00hrs to 18:00hrs	Sinead Whitely	Lead

Views of people who use the service

The inspector had the opportunity to meet and speak with five residents on the day of inspection. Some of these residents could communicate their views verbally and others used non verbal methods to communicate. Residents spoken with on the day, appeared very happy living in Ashington Group. One resident, communicated that they liked living there and they would not change anything.

The inspector observed supportive and meaningful interactions between staff and residents. Staff were supporting residents with activities of daily living and to attend day services and individual activities. Staff and residents appeared comfortable in each others company. Activities included attending flower arranging and shopping. Care and support was being delivered with a person centred approach and was individualised to meet the needs of the residents. Residents were offered opportunities to express choice and control in their daily lives.

Eight questionnaires were completed by residents. Some of these were completed with assistance from staff. These all communicated the residents' satisfaction with the service that was provided. Satisfaction was expressed in areas including food, activities and staff. No complaints or concerns were communicated through these questionnaires or by the residents on the day of inspection.

Capacity and capability

Overall the registered provider, person in charge and persons participating in management were striving to provide a safe service at a high standard. There was a management structure in place with clear lines of accountability. Actions from the last inspection had been adequately addressed.

The designated centre was resourced sufficiently to ensure the effective delivery of care and support. There was a clearly defined management structure in place that identified lines of accountability and authority. The registered provider, or a person nominated was carrying out six monthly unannounced visits to audit specific areas. Areas identified that were in need of improvement were then highlighted on a quality improvement report and addressed appropriately. Staff and residents spoken to were knowledgeable regarding who to raise concerns with and lines of accountability. However, there was no up-to-date annual review of the quality and safety of care and support provided available on the day of inspection. Furthermore, the person in charge was not completing any regular performance management with staff members.

The registered provider was ensuring that the number, qualifications and skill mix of

staff was appropriate to the number and assessed needs of the residents. The staffing team consisted of nurses, social care workers and care assistants. Arrangements were in place to orientate new staff members to the centre when they first came on duty. There was a planned and actual staff rota in place that accurately reflected staff on duty and staffing levels in place provided adequate support for the assessed needs of the residents. Nursing care was provided when appropriate. However, the inspector observed a high level of relief staff being used to cover staff vacancies and holidays, meaning residents did not always receive continuity of care. The registered provider was in the process of filling the staff vacancies.

Staff had access to appropriate training to meet the assessed needs of the residents and the registered provider had ensured all staff members had received mandatory training. This included training in fire safety, the safeguarding and protection of vulnerable adults and manual handling. Further training was provided to staff in areas including food hygiene and the management of responsive behaviours. Training needs analysis was carried out on a regular basis and identified any gaps in staff training. However, some staff were not up-to-date on mandatory refresher training on the day of inspection.

A detailed and accessible complaints procedure was in place and the provider ensured that residents were made aware of their right to make a complaint through the availability of accessible information and discussions in weekly house meetings. Investigations into complaints were timely and comprehensive with clear learning and implementation of change as a result of complaint inquiry outcomes. There was a designated complaints officer in place, nominated to investigate complaints by or on behalf of residents. Residents had access to advocacy services if required. The complaints procedure was prominently displayed in an accessible format in the designated centre. There were no complaints communicated by residents with the inspector on the day of inspection.

The Statement of Purpose contained all information set out in Schedule 1 and accurately described the service being provided. This was subject to regular review at suitable intervals. A copy of this was made available to residents and their representatives.

The inspector reviewed a sample of the centres accident and incident records and found that the person in charge had ensured that all relevant incidents had been notified to the Office of the Chief Inspector within the required timeframes.

Regulation 15: Staffing

The registered provider was ensuring that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. Nursing care was provided when appropriate. However, there was a high level of relief staff being used to cover staff vacancies, meaning residents did not receive continuity of

care at all times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to appropriate training to meet the assessed needs of the residents. However, some staff were not up-to-date on mandatory refresher training on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre was resourced effectively to ensure the effective delivery of care and support. There was a clearly defined management structure in place that identified lines of accountability and authority. However, there was no up-to-date annual review of the quality and safety of care and support provided. Furthermore, the person in charge was not completing performance management reviews with staff.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The Statement of Purpose contained all information set out in Schedule 1 and accurately described the service being provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of the centres accident and incident records and found that the person in charge had ensured that all relevant incidents had been notified to the Office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

A detailed and accessible complaints procedure was in place and the provider ensured that residents were made aware of their right to make a complaint through the availability of accessible information and discussions in weekly house meetings. Investigations into complaints were timely and comprehensive with clear learning and implementation of change as a result of complaint inquiry outcomes.

Judgment: Compliant

Quality and safety

In general, the registered provider and person in charge were endeavouring to provide a safe, effective and quality service for the residents. Care was being delivered in a way that allowed residents to express choice and independence in their daily lives. Care and support provided at the centre, ensured the residents could access activities to achieve personal goals.

The registered provider was ensuring that the designated centre was suitable for the purposes of meeting the needs of each resident as assessed. The person in charge had ensured there were comprehensive assessments and personal plans in place for all residents. These were subject to regular review, accurately reflected the residents' needs and guided staff to deliver care to a high standard. A key worker system was in place to ensure staff supporting residents were assessing the effectiveness of plans in place. Social goals were also in place and these were regularly reviewed by key workers. Annual personal planning meetings were held to discuss residents personal goals and actions to be taken for the coming year to achieve these goals. Residents who had retired were supported during this process.

The registered provider had ensured that appropriate healthcare was being provided for all residents with regard to their individual personal plans. Residents had access to allied healthcare services and referrals were completed by staff when appropriate. Recommendations made by allied healthcare professionals were facilitated by the registered provider. Nursing care was provided where appropriate and residents were supported to access and attend a general practitioner (GP). Care and support for residents with age related conditions was being delivered to a high standard using a person-centred, holistic approach. Residents were being supported during times of illness and staff spoken to had sufficient knowledge of residents' needs. The inspector observed evidence in personal plans of therapeutic techniques being utilised by staff to support residents with specific healthcare needs.

The registered provider had ensured that the premises was of sound construction and was suitable to meet the assessed needs of the residents. The designated centre consisted of two adjoining houses and one separate house. Bedrooms were provided separately and were decorated in an individualised manner. There was adequate communal space for residents in the dining areas and sitting rooms. There were adequate laundry facilities in place in all three houses. Residents had access to outdoor garden areas from all houses. Two of the houses had a paved area and one house had a rear facing lawn. All matters set out in Schedule 6 were in place. However, the inspector identified some outstanding internal decorative works on the day of inspection.

There was a risk management policy in place that appeared to guide staff practice. There were systems in place for the assessment, management and ongoing review of risk. There was a comprehensive risk register in place that identified all risks in the designated centre. Risk control measures were proportional to risks identified. Risk assessments in place were individualised, where required, and were subject to review. Staff knowledge of measures in place to mitigate risk was inadequate when questioned; specifically in relation to one resident's need for supervision at meal times.

The registered provider had ensured there were appropriate arrangements in place for detecting and extinguishing fires. All staff received training on fire safety. Emergency lighting was in place around the designated centre where appropriate. Testing and servicing of equipment was carried out at regular intervals by an external company. Staff were completing regular safety checks on lighting, exits and fire doors. Staff spoken to appeared to have good knowledge regarding fire safety precautions and procedures. Personal emergency evacuation plans (PEEPs), were in place for all residents. These were guiding staff to safely evacuate residents in the event of a fire. However, further works were needed in one house to ensure effective containment in the event of a fire. The inspector acknowledges there was a time bound plan in place for sufficient arrangements to be in place before the renewal of registration. Centre records demonstrated the fire drills were carried out regularly. However there was no evidence of review following fire drills that took into consideration the length of time it took to support residents with evacuation.

There were suitable and appropriate practices in place relating to the ordering, prescribing, storage, disposal and administration of medicines. All residents had an up-to-date medication prescription that was regularly reviewed with the residents' pharmacist and GP. All medication administrations were adequately recorded by staff on the relevant records. There was a robust staff checking system in place that reviewed current and new medication. This ensured all medication was being administered in line with residents current medication prescriptions. There was a locked press in place in the three houses that stored any medicinal products. The key for this storage was always kept by the staff nurse on duty. All residents medication was stored separately and was clearly labelled. Any loose medications that was not in blister packs, observed by the inspector in the residents' dispensary boxes were in date. Staff had a safe procedure in place for the disposal or return of any out of date or unused medication. Staff were suitably

trained to safely administer medication. However, protocols around the administration of medication used as required (PRN) in particular for bowel care, were not guiding practice for unfamiliar or new staff members. This posed a risk to some residents who needed medication PRN for bowel care.

The registered provider was ensuring that effective systems were in place to protect residents from abuse. All safeguarding issues raised, were dealt with by the person in charge, persons participating in management (PPIM's) and the registered provider in a serious and timely manner. All staff had received training in the safeguarding and protection of vulnerable adults. Staff spoken with had sufficient knowledge around recognising abuse and safeguarding procedures and measures to follow should there be an allegation of suspected or confirmed abuse. Safeguarding concerns had been addressed in line with service and national policy. Safeguarding plans were in place where appropriate and were utilised to by staff when delivering care.

Regulation 17: Premises

The registered provider had ensured that the premises was of sound construction and was suitable to meet the assessed needs of the residents. However, some outstanding internal decorative works were identified on the day of inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a risk management policy in place that appeared to guide staff practice. There was a systems in place for the assessment, management and ongoing review of risk. However, staff knowledge of measures in place to mitigate some identified risks was not adequate at times.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured there were appropriate arrangements in place for detecting and extinguishing fires. However, further works were needs to ensure effective containment in the event of a fire. Furthermore, there was no evidence of review following fire drills that took considerable time to evacuate all residents.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable and appropriate practices in place relating to the ordering, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had comprehensive assessments and personal plans in place which were subject to regular review and guided staff to deliver care to a high standard.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that appropriate healthcare was being provided for all residents with regard to personal plans. Residents had access to allied healthcare services and referrals were completed by staff when appropriate.

Judgment: Compliant

Regulation 8: Protection

The registered provider was ensuring that effective systems were in place to protect residents from abuse. All staff were up-to-date on training in relation to safeguarding residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ashington Group - Community Residential Service OSV-0003979

Inspection ID: MON-0021850

Date of inspection: 22/01/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider has recruited a Nurse for the centre . The provider has recruited one HCA for the centre. Regular relief and agency staff are booked to cover relief. A designated post to cover leave has been approved and the provider is currently recruiting staff to fill this position.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will be provided with mandatory refresher training</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: An annual review has been completed for the designated centre.</p>	

<p>The PIC has scheduled performance management meetings for all staff.</p> <p>PIC has completed any probation meetings as the fall due.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The provider has arranged for the redecoration of one house in the designated centre.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC and staff have reviewed the care intervention in relation to supervision of one resident at meal times. All staff have been updated on this.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider has installed fire doors in one house in the designated centre. The provider has reviewed the evacuation arrangements for the designated centre and installed a stair lift which will assist with evacuation plans.</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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/06/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	12/03/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Substantially Compliant	Yellow	30/04/2019

	state of repair externally and internally.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	08/03/2019
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	30/09/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	08/03/2019
Regulation	The registered	Not Compliant		08/03/2019

28(3)(a)	provider shall make adequate arrangements for detecting, containing and extinguishing fires.		Orange	
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/03/2019