Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ash Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	08 November 2023
Centre ID:	OSV-0004055
Fieldwork ID:	MON-0041311

About the designated centre

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

Ash Services provides residential and respite services for up to eleven residents with an intellectual disability. This centre consists of two houses that are located next door to each other in a housing estate in a rural town in Co. Galway. One of the houses provides six full-time residential places, and the other house is a five bedroom house providing rotational respite services for up to eleven individuals. Some of the residents have severe intellectual disability with mobility problems, other residents have autism and require 1:1 support. Each house contained suitable communal areas, such as two sitting rooms, dining rooms, kitchen and utility room, bathrooms, Residents' have their own bedrooms which are suitably decorated to meet their needs and wishes. The residents are supported by a team of social care staff and there are three staff on duty at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

How we inspect

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 8 November 2023	09:30hrs to 15:10hrs	Mary Costelloe	Lead
Wednesday 8 November 2023	09:30hrs to 15:10hrs	Anne Marie Byrne	Support

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's overall compliance with the regulations, to follow-up on the findings of the previous inspection carried out in January 2023, and to also assess the progress made by the provider in implementing their own quality improvement plan for the organisation, which they submitted to the Chief Inspector of Social Services in April 2023. The inspection was facilitated by the person in charge and team leader, and over the course of the day, the inspectors also had the opportunity to meet with four staff members and also with two residents who lived in the centre.

Upon the inspectors' arrival to the centre, many of the residents had already left for their day service. One resident remained at the centre, as they were attending a scheduled appointment later that day. This resident was being supported by a staff member until such time as they left, and were observed to move freely around the centre as they got ready. Although this resident was unable to communicate directly with the inspectors, they did spend some time sitting in the company of staff and inspectors for part of this inspection. Staff introduced the resident to the inspectors, told them why inspectors were in their home and overall, there were very pleasant, friendly and kind interactions observed between staff and this resident. Staff knew the resident very well and used various words and gestures that were familiar to the resident in order to effectively communicate with them. This resident later returned from their appointment and again briefly met with the inspectors. They appeared in good form and proudly showed off their outfit, while staff prepared a snack for them. A second resident returned only for a few minutes to the centre, and left again to return to their day service.

This centre comprised of two houses, situated next to each other on the outskirts of a town in Co. Galway. Six residents availed of residential care in one house, while the second house provided respite care for up to five residents each night. In both houses, each resident had their own bedroom, shared bathrooms and communal use of sitting rooms, dining areas, utility, staff office and kitchen. Bedrooms were comfortably furnished and personalised. Some residents had been recently involved in redecorating their own bedrooms as part of their personal goal plan, choosing and shopping for their preferred paint colours, furniture and accessories. When residents came to stay for respite, they were offered a choice of bedroom and every effort was made to ensure their preference was accommodated. Both houses were fully equipped to meet the assessed needs of residents, particularly those requiring support with their mobility, with tracking hoists and comfort chairs available to those that needed these. Accessible garden areas were also available at the rear of both houses for residents to use, if they so wished.

These residents led very active lifestyles, with most of them attending local day services every week. In the evenings and at weekends, activities were scheduled for residents, such as, reflexology, some liked going for walks, heading out for lunch, going to the cinema, attending music concerts, others regularly went home to visit

family, while others liked to go on trips to nearby towns and attractions. Some residents liked to visit the local church and light candles, some liked to visit the local bars and listen to live music there and others had recently visited a pet farm. Some residents had been away for a few days holidays with their peers and had really enjoyed the break. Other residents had recently enjoyed an overnight stay away in a hotel and attended an traditional Irish show. Along with the general activities that were happening, staff had begun implementing one-to-one activity programmes with all residents. The primary focus of this was to facilitate more meaningful one-to-one recreational time for residents to spend with their key-worker, which had a positive impact on residents progress towards achieving their goals. As part of this process, residents were fully consulted on what activity they wished to do and when they wanted to do it. Both the person in charge and team leader said this had worked very well, and that they had received very positive feedback from residents and families in relation to it.

Overall, the inspectors found that the specific areas requiring improvement from the last inspection had been addressed. However, while local management were striving towards further improvements in order to ensure the centre was fully compliant with the regulations, the provider had failed to implement its' overall quality improvement plan, which had a negative outcome on the availability of some multi-disciplinary supports for this centre. This affected the review of restrictive practices which was of particular concern due to the range and level of restrictive practices in use and the resulting impact on the rights of residents. The specific findings of this report will now be discussed in the next two sections of this report.

Capacity and capability

This designated centre is run by Ability West. Due to concerns in relation to Regulation 23: Governance and management, Regulation 15: Staffing, Regulation 14: Person in Charge, Regulation 5: Individualised assessment and personal plan, and Regulation 26: Risk management procedures, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in April 2023 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has outlined an action plan to the Chief Inspector highlighting the steps they will take to improve compliance in the registered centres. These regulations were reviewed on this inspection and this report will outline the findings found on inspection.

On the same day as this inspection, the Chief Inspector received information of concern pertaining to the care and welfare of a service user. This information was reviewed by the inspectors the day following the inspection and therefore, the specific information of concern received was not used to inform this inspection. However, following the inspection, the Chief Inspector did seek written assurances

from the provider that the issues raised by the concern initiator were being managed in line with the provider's own policies and procedures including the regulations. The Chief Inspector will review the providers response to the concerns raised and also through ongoing engagement with the provider.

The findings from this inspection showed that the provider had implemented the specific areas requiring improvement as outlined in the compliance plan from the last inspection. Improvements were noted to on-call management arrangements, fire safety management, individual assessment, personal plans and storage facilities for equipment. However, the provider had failed to provide adequate resource's to ensure the timely availability of multidisciplinary supports for this service. This had resulted in restrictive practices in use not being reviewed as required which had the potential to negatively impact upon the rights of residents. While the local management team had sent referrals and reminder emails seeking these reviews, they had been advised that due to the staff shortage on the multidisciplinary team, reviews had not taken place since February 2023.

At the time of inspection there were stable staffing arrangements in place with many staff members having worked in the centre over a sustained time period. Staff spoken with were knowledgeable regarding residents' up-to-date support needs.There were normally three staff members on duty during the morning, afternoon and evening time in both houses. There were two staff on duty (one on active duty) at night time in the respite house and one staff on duty at night-time in the residential house. Inspectors were advised that there was one staff vacancy but noted that all shifts were covered and the roster had been completed to early 2024.

Staff training records reviewed indicated that that all staff had completed mandatory training. Additional training in various aspects of infection prevention and control, medication and epilepsy management, assisted decision making, feeding, eating, drinking and swallowing guidelines, use of hoists and risk management had been completed by staff. The person in charge had recently attended training on completing audits.

The person in charge worked full-time, and they were also in charge of two other designated centres. They were supported in their role by a team leader who worked full-time in the centre and had been allocated 12 hours a week to their operational management role. The person in charge and team leader were supported in their roles by a senior manager. There were now formal on-call arrangements in place for out-of-hours seven days a week. The details of the on-call arrangements were notified to staff on a weekly basis and clearly displayed in the centre. Staff spoken with were familiar with the arrangements in place.

The person in charge and team leader had systems in place to regularly monitor and review areas such as identified risks, accidents and incidents, restrictive practices, medicines management, infection, prevention and control, fire safety and residents finances. Monthly team meetings were taking place at which identified areas for improvement were discussed and learning shared. Minutes of a recent meeting reviewed indicated that the results of monthly audits, on-call arrangement, staff training, risks and assisted making decision policy had been discussed. There was

also evidence of consultation with residents with weekly house meetings where the views of residents were sought and information shared. Issues such as finances, advocacy and rights had been discussed with residents at a recent meeting.

While the provider had some systems in place to monitor and review the quality of the service, these systems required review. The provider was carrying out unannounced six-monthly audits, however, the last audit completed in March 2023 was not found to be comprehensive and only focused on two regulations. One of the regulations reviewed was the requirement on the provider to carry out unannounced visits and prepare a written report. The annual review dated January 2023 had been completed and included evidence of consultation with residents and their families. The overall feedback was complimentary of the service provided.

Regulation 14: Persons in charge

There was a person in charge who had responsibility for the day-to-day management of the centre. The person in charge worked full-time and had the required qualifications and experience to manage the centre as required by the regulations. They were knowledgeable regarding the regulations and their statutory responsibilities. They were well known to staff and residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff on duty on the day of inspection to meet the assessed needs of residents. The staff roster reviewed indicated that this was the regular staffing pattern. The staff roster had been completed to the beginning of January 2024. The staff member in charge of each shift was clearly identified.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to provide adequate resources to ensure the effective delivery of care and support for residents. This impacted negatively on residents rights as restrictive practices in use were not being reviewed as required. Due to staff shortage on the multidisciplinary team, there had been no reviews of restrictive practices in use by the restrictive practice committee since February 2023 and many restrictive practices in use had past their approval date.

The providers own systems for reviewing the quality and safety of care in the centre required review. A provider led audit carried out since the last inspection had focused on two regulations and did not provide a comprehensive review on the quality and safety of care in the centre.

Judgment: Not compliant

Quality and safety

Overall, the provider had adequate resources in place in this centre to ensure residents regularly got out and about to do the activities that they wanted to do. Suitable staffing and transport arrangements largely attributed to this, along with effective planning and consultation with residents around their activities schedule. Although improvements had been made since the last inspection in relation to residents' assessed needs and fire safety, the lack of some multi-disciplinary resources to this centre, had a negative impact on the timely completion of annual reviews of multiple restrictive practices, which were regularly required to be used in this centre.

Since the last inspection, the person in charge, team leader and staff team had completed much work on improving the assessment and personal planning arrangements. Along with each resident having an up-to-date assessment of need, there was a marked improvement in relation to record keeping. Documentation relating to residents' care was much more accessible, was well organised, and contained clear and concise guidelines for staff to follow. In a bid to sustain these improvements, the person in charge and team leader had worked closely with identified key-workers to ensure residents’ re-assessment and personal plans were updated, as and when required. There was also a significant improvement found in relation to the arrangements surrounding residents' personal goals, with better oversight and guidance given to key-workers in relation to the identification, planning, consultation of, and achievement of the goals that residents wanted to work towards. Goals were found to be more meaningful to each resident and the person in charge and team leader maintained regular oversight to ensure good progress was being sustained in relation to this aspect of residents’ social care.

With regards to residents' health-care needs, staff were very familiar with the specific needs that some residents had with respect to this aspect of their care. Where residents needed to attend various medical appointments, staff were made available to accompany them to these. Clear personal plans were maintained in relation to residents' health-care needs, particularly in areas such as, falls management and respiratory care. Due to the assessed needs of some residents, there was multiple various restrictive practices in use in this centre, on a regular basis. For example, some residents had been assessed as requiring the use of lapbelts, specialised beds, bedrails and audio visual monitors. However, at the time of this inspection, a number of these restrictive practices were overdue their annual

review, as the provider had not made the necessary multi-disciplinary supports available to this service to facilitate these reviews. Although local management had on numerous occasions brought this to the attention of the provider, despite the large number of restrictive practices requiring review, the resources to allow for this had not been made available by the provider.

The last inspection of this centre raised concerns in relation to the guidance provided to staff regarding specific fire compartments for this centre. This was since addressed, with clear information now displayed in each house, informing of the specific fire compartments. Furthermore, staff who spoke with the inspectors demonstrated their knowledge of this containment arrangement. Regular fire safety checks were taking place. Recent checks had resulted in staff identifying some issues with a number of fire doors. These issues were being addressed by an external fire company on the day of inspection. Fire drills were frequently conducted and due to the nature of this respite and residential service, these was a record maintained to ensure each resident who availed on the respite had the opportunity to particulate in a fire drill. There were multiple fire exits which were noted to be clear of obstructions within both houses, there was also a bedroom fire exit to allow for a bed evacuation, if needed. There were three staff on duty at night-time including one sleepover staff and two waking staff who were available to support residents to evacuate in the event of a fire or other emergency at night-time.

Where risk occurred in this centre, it was quickly identified by staff and responded to by local management. For example, in response to falls which had occurred in recent months, the person in charge and team leader were proactive in their response to this, which resulted in a medication review and re-assessment of this resident's falls management arrangements. This had led to effective measures being put in place, which at the time of this inspection, had resulted in no further falls for this resident. These measures were continually reviewed and staff were informed of any changes required to this resident's falls management plan. With regards to organisational risks, the provider had an escalation pathway available to the person in charge, to raise these risks with senior management. A review of the most recently escalated risks indicated that the person in charge had made senior management aware of risks that had been identified including risks in relation to restrictive practices and falls management.

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to psychology services and had positive behaviour support plans in place. There was multidisciplinary input into the decisions taken, a risk assessment and clear rationale outlined for restrictions in use. Fifteen minute safety checks were being carried out at night time and these checks were now recorded. The local management team continued to review restrictions in place and had submitted requests to have restrictive practices in use reviewed annually by the restrictive practice committee. However, as discussed previously, many restrictive practices in use had past their review date.

Regulation 13: General welfare and development

Residents were supported to engage regularly in meaningful activities and the provider had ensured that sufficient staffing and transport arrangements were in place to facilitate this. Staff were cognisant in the scheduling of activities to ensure residents were provided with a choice of activities that they were interested in. Along with group activities with their peers, residents were provided with one-to-one staff support to engage in activities, independent of their peers, if they so wished. Residents long-term and short-terms goals were clearly set out and files reviewed showed that progress was regularly reviewed and residents had achieved their goals to date. There were several photographs showing residents clearly enjoying a wide range of activities during recent months.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the identification, assessment, response and monitoring of risk. Where specific risk occurred in this centre, it was quickly responded to by staff. For example, in response to falls which had occurred for one particular resident, this resident's falls management was quickly reviewed, which resulted in additional control measures being implemented to make it safer for this resident when mobilising. Furthermore, the overall effectiveness of these measures were subject to on-going review by the person in charge and team leader.

In relation to any high rated-risks, there was an escalation pathway available to the person in charge to raise these with senior management. A sample of recently escalated risks by the person in charge were reviewed by inspectors and these were found to reflect areas of risk that were relevant to the centre, at the time of this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, regular fire safety checks were occurring, multiple fire exits were available in both houses and each resident had a personal evacuation plan. Regular fire drills were occurring and records of these demonstrated that staff could support residents to evacuate in a timely manner. Prior to this inspection, staff had identified that some maintenance work was required to some fire doors in the centre and at the time of this inspection, these issues were being addressed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Since the last inspection, much improvement was made to the arrangements for the assessment of residents' needs. Each resident now had an up-to-date assessment of need, which clearly outlined the various supports and care that they required. A key-working arrangement was put in place to ensure the re-assessment of residents' needs, as and when required. Furthermore, clear personal plans were developed to guide staff on the specific care and support needs of residents which were based on the outcome of assessments of need. In addition, since the last inspection, better arrangements were in place to ensure residents' personal goal setting was being developed with each resident and this was being overseen by the person in charge, to ensure residents were being appropriately supported to achieve their chosen goals.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health-care needs, the person in charge had ensured that these residents were receiving the care and support that they required. Staff were familiar with the specific health-care needs of residents and there were clear personal plans and protocols available to guide the care of these residents. Residents were supported to attend various medical appointments and where any changes to residents' care was required, the person in charge ensured that this was quickly communicated to all staff and associated risk assessments and personal plans were also updated.

Judgment: Compliant

Regulation 7: Positive behavioural support

Improvements were required to ensuring that all restrictive practices in use were regularly reviewed in line with best practice and to ensure that the rights and dignity of residents were promoted and protected. Many restrictive practices in use had past their approval date. Reviews had not taken place since February 2023. While the local management team had sent referrals and reminder emails seeking these reviews, they had been advised that due to lack of staff resources on the multidisciplinary team, reviews were not taking place.

Judgment: Not compliant

Regulation 8: Protection

The provider had arrangements in place to ensure staff were guided in identifying, reporting, responding to and monitoring for, any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding and there was a designated safeguarding officer available to this service, to review any safeguarding concerns. In response to previous incidents which had occurred, there were clear safeguarding measures put in place to ensure similar incidents did not re-occur, and these were regularly overseen by the person in charge to ensure staff vigilance in implementing these measures.

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 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ash Services OSV-0004055

Inspection ID: MON-0041311

Date of inspection: 08/11/2023

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in Charge will continue to review all restrictive practices monthly. Referrals will be submitted to the restrictive practice and Human Rights committee. A new system for the management and prioritization of referrals to the multi-disciplinary team has been implemented effective from Monday 4th December 2023. This will centralize all MDT referrals and enable the prioritization of MDT support for residents. There is a clear pathway in place for MDT referrals going forward and all persons in charge have been trained on this. An Occupational therapist has been appointed on a contracted basis until the successful recruitment of a permanent Occupational Therapist. This Occupational Therapist primary role will be to review all restrictive practices and protocols. The provider led audit process and template has been updated and will be completed by 31st December 2023. The Director of Operational Supports and Services will meet with the Area Service Manager and the Person in Charge on a quarterly basis in the designated centre to complete a service review and audit.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in Charge will continue to review all restrictive practices monthly. Referrals will be submitted to the restrictive practice and Human Rights committee.	

A new system for the management and prioritization of referrals to the multi-disciplinary team has been implemented effective from Monday 4th December 2023. This will centralize all MDT referrals and enable the prioritization of MDT support for residents. There is a clear pathway in place for MDT referrals going forward and all persons in charge have been trained on this.

An Occupational therapist has been appointed on a contracted basis until the successful recruitment of a permanent Occupational Therapist.

This Occupational Therapist primary role will be to review all restrictive practices and protocols.

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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	31/01/2024