



# 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:	Short Notice Announced
Date of inspection:	11 August 2020
Centre ID:	OSV-0004055
Fieldwork ID:	MON-0029840

## 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 two waking staff on duty during

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	11
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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
Tuesday 11 August 2020	11:30hrs to 15:30hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

Due to COVID-19 restrictions, and to reduce risk, the inspector carried out the inspection in one house in the designated centre as a sample of the service being provided. The inspector met with four residents who used this service. These residents did not discuss their lives in the centre with the inspector, but they appeared to be comfortable and relaxed in the company of staff and with each other.

## Capacity and capability

There was a good level of compliance with regulations relating to the governance and management of the centre. The governance arrangements in the centre ensured that a good quality and safe service was provided to residents. The provider and management team had addressed the issues that had been identified in the previous inspection report.

There was a suitably qualified and experienced person in charge who knew the residents in the centre and their care and support needs.

In-depth six-monthly unannounced audits of the service were being carried out on behalf of the provider. These audits identified any areas where improvement was required, and action plans were developed to address these issues. These audits indicated a high level of compliance and any actions arising had been addressed.

The provider had supplied operational policies and procedures to guide and inform staff. All policies required by schedule 5 of the regulations were available and were up to date and informative. Some policies, such as the visitors policy, had been reviewed and updated to reflect the revised requirements due to COVID-19. Improvement, however, was required to the health and safety policy as it did not include guidance on food safety management as required by the regulations.

The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre, and also for the management of the infection should an outbreak occur. The inspector viewed this plan and it was comprehensive and relevant. Systems included training in hand hygiene, use of personal protective equipment (PPE) and provision of up-to-date information and guidance to staff.

## Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff and a sample read by the inspector were up to date and had been reviewed as required. However, the health and safety policy did not include guidance on food safety management as required by the regulations.

Judgment: Substantially compliant

#### Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted and that residents were kept safe.

There were systems in place to control the spread of infection in the centre. There was extensive guidance and practice to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures and health symptoms. Furthermore, the centre was maintained in a clean and hygienic condition and there was a colour coded cleaning programme in operation to reduce the risk of infection spread. The provider had also ensured that information was provided to residents in a suitable format to support them to understand the impact of COVID-19 on their lives.

The provider had made arrangements to reduce risk for residents and staff in the centre. These included risk identification and control measures, a health and safety statement and a risk management policy. The centre's risk register included a range of environmental risks, in addition to individualised risks specific to individuals. The risk register had also been updated to include risks associated with COVID-19. The provider had strong measures in place, including multidisciplinary involvement, to reduce falls risks in the centre. Since the last inspection, the centre's falls management interventions had been strengthened. Interventions recommended by a general practitioner and physiotherapist had been implemented and a reduction in incidents of falls had been noted.

## Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was an up-to-date risk management policy to guide practice.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had measures in place to ensure that the spread of infection in the centre was well managed. Additional practices and procedures had been introduced and implemented to reduce the risk of COVID-19 infection entering the centre.

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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant



# Compliance Plan for Ash Services OSV-0004055

Inspection ID: MON-0029840

Date of inspection: 11/08/2020

## 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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Food Safety and Hygiene Policy has been reviewed and updated to specifically include reference to guidance from the Food Safety Authority of Ireland being sourced and referred to in each designated centre in relation to good practice in food safety and hygiene. This was completed on the 15th September 2020. An information pack will be distributed to each service, containing guidance for food safety from the Food Safety Authority of Ireland.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	15/09/2020