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:	Ashington Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	06 November 2024
Centre ID:	OSV-0003979
Fieldwork ID:	MON-0037110

About the designated centre

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

The Ashington Group consists of two community-based homes and is part of a community residential service operated by Avista CLG (formerly known as Daughters of Charity Disability Support Services CLG) that provides a high level of support and care to up to six people with intellectual disabilities. The community houses are semi-detached with a shared conservatory, situated in a quiet residential area. All residents living in Ashington Group have single occupancy bedrooms. The houses have communal bathrooms, kitchen, dining and sitting room areas and rear gardens. The houses are long stay residential homes which are open 24 hours a day, seven days a week. They are staffed by a person in charge, staff nurses, social care workers and health care assistants. Staff support residents to attend day services or individual activities daily.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 6 November 2024	10:30hrs to 16:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with the regulations, and to inform the registration renewal decision.

There were five residents on the day of the inspection, and the inspector met all five of them. Not all residents chose to interact with the inspector, and not all those who did communicated verbally. Three residents were in the designated centre when the inspector arrived. One of them greeted the inspector with a hug, but did not have any further conversation. Another was intent on their morning outing which was bowling, and when they pointed at the table, staff explained that this meant that they wanted to stay at home until it was time for the bowling trip.

One of the residents agreed to have a chat with the inspector. They said that the staff were lovely, and named some staff that they were particularly fond of. They told the inspector that they had a day service that they enjoyed, but that they were always free to take a 'day off' if they chose to. They spoke with the inspector about rights and dignity, and explained how they always made their own decisions. They spoke about how great it was to live in this house, and it was evident that they were content and settled in their home.

The inspector conducted a 'walk around' of the designated centre, and it was immediately apparent that the kitchens had been refurbished to a high standard. There were new presses, including a discreet press for documents, and new flooring throughout. All of the communal areas were well maintained, and nicely furnished and decorated. There was a shared conservatory and spacious garden area, which had furniture and planters.

Each resident had their own room, and these were furnished in accordance with their preferences, and contained various personal possessions, such as toys and items relating to hobbies.

The other two residents returned home later in the afternoon. One of them asked staff for the tv to be put on in the conservatory, and could be seen clapping along to their tv show with obvious enjoyment.

The other resident came in a greeted everyone by showing them their drawing from their day service. They said that they hadn't gone bowling, and staff explained that bowling ws on the next day. The resident sat down beside the inspector and showed them their outfit, and gave a hug, so that it appeared that they were also very comfortable in their home. They later came and sat next to the inspector again, and had picked up a photo to show. The staff explained that it was a photo of a staff member that the resident was fond of, but who no longer worked in this centre, although they still came back to join in the person-centred planning meetings for the resident.

Staff spoke to the inspector about supporting the rights of residents. They explained the ways in which they communicated with residents to ensure that their voices were heard, and the inspector observed effective communication throughout the course of the inspection.

Easy read information had been made available to residents, including information about health care, restrictive practices and making a compliant.

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

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective in the most part, with some improvements required in auditing.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff, and was supported by a team leader.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

Any transactions into the designated centre of new residents was well managed, with the views and rights of the current residents being given priority.

There was a clear and transparent complaints procedure available to residents.

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. It was clear that they were well known to the residents, and that they had an in-depth knowledge of the support needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, including any agency staff. A previous issue relating to the availability of staff who were able to drive had been addressed. There were three drivers on the permanent staff team, and a regular taxi firm was used if there was an occasion where there was no driver available to residents.

The inspector spoke to the person in charge and two other staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding, positive behaviour support and basic life support additional training had been provided for staff in relation to rescue medications for epilepsy and seizure management.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector viewed three of the records of supervision conversations, and saw that there was a review of personal developments and that any learning needs were identified together with the staff member, and that they included positive feedback to staff. Staff said that they found these conversations useful, and that it was an opportunity for them to raise any issues or requests.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which included the information specified in paragraph (3) of Schedule 3 of the regulations. Information relating to a resident who had been discharged from the designated centre was maintained in the centre as required.

Judgment: Compliant

Regulation 21: Records

All required records required by the regulations under Schedule 2 in relation to staff were all in place, including garda vetting, references and employment history.

All required records required by the regulations under Schedule 3 in relation to information in respect of each resident was in place including personal information, including the required care and support of residents and the information in relation to healthcare. However the record of any belongings of the residents was not in place for one of the residents, and for another there was a record of recent purchases, but no overall record of all their belongings.

All required records required by the regulations under Schedule 4 were in place including a Statement of Purpose and Function, a Residents' Guide, and copies of previous inspection reports were maintained in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge was supported by a team leader.

Various monitoring and oversight systems were in place. An annual review of the care and support of residents had been prepared in accordance with the regulations. The annual review was a detailed report of the care and support offered to residents. Residents had been included in the preparation of this report and some of their view had been incorporated, for example they hd spoken about their goals, praised the quality of food and spoke about an event which had been planned. However, the Annual Review was dated October 2024, and had not been made available to the residents or staff and was not immediately available in the centre, although it had been submitted to HIQA in advance of the inspection. During the course f the inspection a copy of the report was made available to the inspector. The Quality Officer had made a visit to the house in August, and had given the person in charge verbal feedback in relation to any required actions, all of which had been completed. Actions had been identified even where there were no failings, for example, 'continue with…' or 'maintain support for…' The person in charge had completed all the identified actions, including adding surnames to personal evacuation plans and implementing actions from the person-centred planning process.

Six-monthly unannounced visits on behalf of the provider had taken place in February and October of this year, and the person in charge created an action plan

to summarise all the required actions so that she could monitor them until complete. Those actions reviewed by the inspector had been implemented, including making the details of the confidential recipient available to residents, obtaining storage boxes and ensuring required repairs to the laundry room ventilation was carried out.

A range of audits had taken place, for example, audits of fire safety, of the risk register, of residents' finances and of personal plans. However this last audit of personal plans involved checking that all the required documents were in place, but did not audit the quality of the plans of care or the person-centred plans..

However, a detailed audit of infection prevention and control had been conducted, and any required actions from this audit were discussed at the staff team meetings.

These staff team meetings were held monthly, and the inspector reviewed the minutes of the last two of these meetings. The items for discussion included a review of any required actions from the previous meetings, any complaints and residents' goals. However, where staff were no in attendance at a meeting there was no system of ensuring that they had read the minutes of the meeting, such as a sign in sheet.

Otherwise communication with the staff team was well managed via a handover at the change of shift and a communications book.

Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre, although improvements were required in some of the documentation and auditing. All the required actions identified at the last inspection had been implemented.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Admissions to the centre were well managed, initially by discussion at an MDT meeting, where there was an emphasis on compatibility. A 'transition map' was then developed, and the inspector reviewed one for a resident who had been admitted since the last inspection. This transition map included a series of visits, and several meetings with the other residents. The potential admission was then discussed with the current residents, who indicated their agreement to the new resident moving in.

It was evident that the rights of the current residents were given the same priority as the rights of the new resident.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to HIQA, including notifications of any incidents of concern.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

One of the residents explained to the inspector who they would go to if they had any concerns.

The inspector reviewed the records of recent complaints and found that they had been addressed effectively and in a timely manner, and to the satisfaction of the complainant. For example, one resident disliked using their wheelchair, and had been assessed and provided with a walking frame to assist their independent mobilisation.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

Where residents required positive behaviour support there were detailed behaviour support plans in place, and staff had been in receipt of training in the management of behaviour that is challenging. Where any restrictive practices were in place, they were kept under constant review to ensure that they were the least restrictive

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 17: Premises

The designated centre was spacious and well maintained and provided adequate private and communal accommodation. There were various living rooms, and each resident had their own bedroom

Improvements had been made since the previous inspection in some areas of the centre, for example there was now sufficient storage for residents" needs, and the kitchens and laundry areas had been upgraded to a high standard.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents, each of which was risk rated appropriately and was regularly reviewed.

There was a risk assessment and risk management plan for each of the identified risks. The risk assessments and management plans relating to individual residents included the management of the risk of a specific medical condition, and it was clear, as discussed under regulation 7 that this was kept under regular review.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. The location of fire extinguishers had been improved in accordance with

a requirement from the previous inspection of the designated centre.

Regular fire drills had been undertaken, and all staff had been involved in a drill. There was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate, and there was evidence that these were updated following any issues identified during a fire drill. For example, it had been identified that one of the residents might not engage in a fire drill, so a preferred item had been identified which would support the resident to leave in the case of an emergency.

Another resident was anxious around fire drills, and following a discussion at an MDT meeting, it was agreed that evacuation equipment should be utilised in the event of an emergency. There was a record that all staff had received training in using this equipment, and a social story had been developed to assist the resident to understand how the equipment would be used. Staff explained that they went through this social story each day with the resident, and used a bell to imitate the sound of the alarm.

Staff were all in receipt of fire safety training, including on-site training in the use of emergency equipment, and staff could describe the actions they would take in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident which were reviewed at least annually and were based on a detailed assessment of need. Care plans in place included plans relation to healthcare, including mental health, management of finances, communication and mobility. The plans gave detailed guidance to staff as to the support required by each resident.

A person-centred plan had been developed with each resident, and goals were set with each resident in relation to maximising their potential. Goals were set in accordance with the preferences and abilities of residents, and steps towards achieving goals were clearly identified and recorded regularly.

One of the goals for a resident was to increase their travelling opportunities, and the first step towards this goal was to obtain a passport. This had been further broken down into the smaller steps required to achieve this, and the first few steps had been completed.

The person-centred plans were available in accessible version for residents, including short phrasing and pictures, and it was clear that the residents each made their own decisions as to their chosen goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. Proactive strategies were clearly identified for each stage of escalation of behaviours of concern, including resolution. All staff were aware of these strategies, and were able to describe the actions that might increase or reduce the likelihood of behaviours of concern. Behaviour support plans were regularly reviewed, and the plan read by the inspector had been reviewed a few weeks prior to the inspection.

Where some restrictive practices had been identified as being necessary to ensure the safety of residents, these were well defined and there was detailed guidance in place to ensure that they were applied appropriately, and that they were always the least restrictive required to ensure the safety of residents. They were regularly reviewed, and there was clear evidence of removing any restrictions as soon as possible. For example, staff conducted night checks on a resident due to a specific health condition, and the necessity of this had been questioned at a recent multi-disciplinary team (MDT) meeting. It had been decided to refer the matter back to the resident's' GP with a view to discontinuing.

Residents were all offered easy read information about any restrictive practices, and their consent was sought for each restriction.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training.

There were two safeguarding plans in place in the designated centre, one in relation to falls and bruising, and another following an incident between two residents. There was a clear protocol in place to protect the resident from falls, and a clear plan in place in relation to the interactions between residents. This plan outlined various control measures, for example it had been identified that there were unfamiliar staff supporting residents on the day of the incidents, so this was given high priority.

The inspector was assured that residents were safeguarded, and that prompt and

immediate action was taken if any safeguarding issues were identified.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were knowledgeable about human rights and could discuss various aspects of supporting the rights of residents. Staff spoke about the importance of recognising and upholding the rights of residents, and of supporting residents both in making choices, and in having respect for each resident. Residents were supported in making choices by effective management of communication in accordance with their needs, for example by the use of pictures.

There were various examples of residents being supported to make choices. For example, choices of meals and snacks, activities and clothing were all made by each resident. The views of the residents had been taken into account prior to the transition of a new resident to the house.

Three was an individual rights assessment in each resident's file which outlined the supports required to ensure that their rights are met. One of the residents in the human rights representative for the centre on the organisation's fights group.

There were regular residents' meetings, and it had been recently identified in an audit that the residents' voices were not captured in the records of these meetings. This had been rectified at the next meeting, and the records now included comments by residents.

Overall residents were supported to have a good quality of life, and to be supported to make choices in ways which were meaningful to them

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0037110

Date of inspection: 06/11/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • A record of all personal belongings has been completed for each resident and will be maintained and updated by the PIC as necessary.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Alongside the Provider Nominee report the |Provider conducts Care plan audits which identify areas for improvement to ensure care plans are based on needs, will and preference. • The Provider has assurance there is evidence of staff awareness of items discussed at all staff meetings. • The Annual Quality review is completed annually as per Regulations.	

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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/12/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/12/2024
Regulation 23(1)(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d)	Substantially Compliant	Yellow	30/12/2024

	is made available to residents and, if requested, to the chief inspector.			