



# 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:	Announced
Date of inspection:	28 May 2024
Centre ID:	OSV-0004055
Fieldwork ID:	MON-0034664

## 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:	10
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 28 May 2024	09:30hrs to 16:30hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was an announced inspection to assess the provider's compliance with the regulations, to follow-up on non compliance's identified at the previous inspection and following an application to the Chief Inspector of Social Services to renew registration of the centre. The inspection was facilitated by the person in charge and area service manager. The inspector also had the opportunity to meet with eight staff members who were on duty, with the six residents who were living in the centre and with two residents who were availing of a respite service. The inspector also reviewed eleven questionnaires that had been completed by residents which indicated satisfaction with the service.

The designated centre comprises of two purpose built single storey houses situated next to one other on the outskirts of a rural 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. Residents living in the residential house had resided together for several years and knew one another well. 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 found to be decorated in line with residents personal preferences, had adequate personal storage space and were personalised with residents own effects including framed artwork, photographs and items of significance to them. Both houses were found to be well maintained and visibly clean throughout. They were bright, comfortable, and furnished in a homely manner. Further redecoration and refurbishment works had been recently completed, internal walls had been repainted, new curtains, window blinds, furniture and bathroom fittings had been provided. There were lots of new photographs of residents displayed as photo tiles in each house. Both houses were wheelchair accessible and fully equipped to meet the assessed needs of residents, particularly those requiring support with their mobility. There were overhead tracking hoists, specialised beds and mattresses, specialised showering equipment and comfort chairs available to those that needed these. Accessible gardens which included lawn areas, shrub beds, potted plants and pergola with outdoor seating area were also available for residents to use. The person in charge outlined how they had applied for grant funding from the local authority to further enhance the outdoor communal areas for residents use.

On the morning of inspection, all residents had just left to attend their respective day services. The inspector met with residents later in the afternoon on their return to the centre. Residents appeared to be in good form as they smiled, chatted with staff and interacted with the inspector. Some residents were unable to tell the inspector their views of the service while others said that they enjoyed living in the centre. They all appeared relaxed, content and comfortable with staff supporting them and in their environment. Residents were observed to go about their own routines as staff supported them with their choice of drinks and snacks. Some residents relaxed in the living room watching a music video on the large screen television, others sat with a cup of tea in the dining room, another relaxed while

using their hand held computer device. Residents spoke about looking forward to going away for a few days holidays and about packing their bag, another stated that they had chosen a new paint colour for their bedroom and were looking forward to having it painted. Residents mentioned how they had their main meal at day service and could choose their preferred food options for their evening meal. Two of the residents went out for a drive with the support of staff later in the afternoon. The inspector met with two of the residents in the respite house. One of the service users told the inspector how they enjoyed availing of the service, they were observed smiling and chatting with staff in a familiar way as they relaxed on the sofa completing word search puzzles. The other service user was unable to tell the inspector their views but appeared happy and content as they were supported by staff with drinks and snacks. Staff told the inspector how they had recently supported the resident attend a family celebration in a local hotel following much planning, preparation and consultation with the family. The inspector saw several photographs of the resident clearly enjoying the special event.

From conversations with staff and residents, observations made while in the centre, and information reviewed during the inspection, it was clear that staff continued to support residents have good quality lives in accordance with their capacities, and were involved in activities that they enjoyed in the community and also in the centre. The centre had its own vehicle which residents could use to attend activities. Staff spoken with confirmed that they supported residents to take part in a range of activities, including going for regular walks and drives. Residents regularly enjoyed shopping trips, going for coffee, eating out and attending music concerts. Some residents liked to visit local churches, light candles and visit family graves. Some residents had been away for a few days holidays with their peers and others were planning some nights away. Some liked to visit the local bars and listen to live music there and others had recently visited a pet farm. Residents also enjoyed spending time relaxing in the house, completing table top activities, watching television, listening to music and having hand and foot massage. Some residents also enjoyed reflexology sessions and monthly live music sessions in-house. There were several photographs of residents enjoying a wide range of activities.

There was evidence of ongoing consultation with residents. Key working staff had continued to implement one-to-one activity programmes with all residents, regular meetings were taking place at which residents were fully consulted on what activity they wished to do and when they wanted to do it. There were weekly house meetings held and residents were consulted with in regard to upcoming events, meal planning, and personal goals. The minutes of recent house meetings reviewed showed that discussions had taken place in relation to the national advocacy service, consent, safeguarding, finances, fire safety and access to personal files.

In summary, the inspector observed that residents were treated with dignity and respect by staff. Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. Staff continued to ensure that residents' preferences were met through daily consultation, weekly house meetings, the personal planning process and ongoing communication with residents and their representatives. It was evident that residents individual rights and independence was very much promoted. All restrictive

practices in use were regularly reviewed, were being managed in line with national policy and had been approved by the organisations restrictive practice committee.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the residents' lives.

## Capacity and capability

There was a clearly defined management structure in place, the findings from this inspection indicated that the centre was being well managed, the compliance plan submitted following the previous inspection had been addressed and the regulations reviewed on this inspection were found to be compliant.

A new person in charge had been appointed in December 2023. The post of the person in charge was full-time. The person in charge was supported in their role by the area service manager and they both had a regular presence in the centre. There were 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.

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 no staff vacancies at the time of inspection and the roster had been completed to August 2024.

Training continued to be provided to staff on an on-going basis. Records reviewed indicated that all staff including relief staff had completed mandatory training. Additional training had been provided to staff to support them in meeting the specific needs of some residents. The person in charge had systems in place to ensure that staff training was regularly reviewed and discussed with staff.

Improvements were noted to the providers systems in place for reviewing the overall quality and safety of the service. The annual review for 2023 and recent provider led audit were available in the centre. Areas for improvement were set out in a service improvement plan and action plan which had since been largely addressed.

The local management team continued to review areas such as fire safety, medication management, infection, prevention and control, service users files, service users finance and personal property, restrictive practices, incidents and key working files. The results of recent audits reviewed indicated satisfactory compliance. It was evident that the findings from these reviews were regularly discussed with staff at team meetings. The person in charge continued to meet regularly with the service manager to discuss risk and other issues pertaining to this

centre.

There was one open complaint at the time of inspection. The inspector was satisfied that the management of the complaint was being progressed. The findings on the outcome of this investigation and learning as a result will be reviewed at the next inspection.

#### Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The post of the person in charge was full-time. The person in charge had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents. They showed a willingness to ensuring on-going compliance with the regulations and a commitment to ensuring further improvements to the service.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing levels at the time of inspection were in line with that set out in the statement of purpose and met the support needs of residents. 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. The roster reviewed for the week beginning the 27 May 2024 was reflective of staff on duty and the staff member in charge of each shift was clearly identified.

Judgment: Compliant

#### Regulation 16: Training and staff development



All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training in various aspects of infection prevention and control, medicines management, epilepsy care, 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 systems in place to oversee staff training and further refresher training was scheduled as required.

Judgment: Compliant

### Regulation 21: Records

Records as required by the regulations were maintained in the centre. Records were found to be orderly, clear and up-to-date. All information requested by the inspector was made available in a timely manner.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The compliance plan submitted following the previous inspection had been addressed.

The provider had continued to invest resources to ensure the effective delivery of care and support for residents. For example, additional staff had been recruited to the multidisciplinary team including occupational therapists and physiotherapists, further improvements and upgrading of the premises had taken place.

Improvements were also noted to the providers oversight arrangements and to the governance and management systems in place for reviewing the quality and safety of the service. The annual review for 2023 was completed and had included consultation with service users and their families. The provider had completed an unannounced audit in December 2023. The review was found to be comprehensive and improvements identified were included in an action plan which had since been largely addressed.

Judgment: Compliant

### Regulation 3: Statement of purpose

The updated statement of purpose recently submitted following the application to renew registration was reviewed by the inspector. It was found to contain the information as set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place. The complaints procedure including an easy read format was clearly displayed in the centre. It was evident that the complaints procedure had been discussed with residents. Complaints were logged on the computerised documentation system and updated with details of the investigations. There was one open complaint at the time of inspection which was still under investigation. The chief executive officer of the organisation had recently met with the complainant to discuss the issues raised in the complaint and further meetings were scheduled.

Judgment: Compliant

### Quality and safety

The provider's continued investment and improvements to governance and management systems had a positive effect overall on the quality and safety of the service provided to residents. The inspector found that the care and support that residents received from the staff team was of a good quality, staff strived to ensure that residents were safe and well supported. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis.

Residents appeared to be comfortable in their environments and with staff supporting them. Staff spoken with were familiar with, and knowledgeable regarding residents' up-to-date health-care needs including residents with specific health-care conditions. The inspector reviewed the files of two residents in detail and reviewed specific sections of a further three files. There were recently updated comprehensive assessments of the residents health, personal and social care needs completed. A range of risk assessments had been completed and care and support plans were in place for all identified issues including specific health-care needs. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services.

Safeguarding of residents continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of

comprehensive intimate and personal care plans. Where safeguarding risks had been identified, staff continued to implement the recommendations of the safeguarding plans in place, however, there were no active safeguarding concerns at the time of inspection. 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.

Restrictive practices in use continued to be reviewed on a regular basis and the inspector found that they were being managed in line with national policy. All restrictions in use were logged, risk assessed with a clear rationale outlined for their use. All had been recently reviewed by the organisations restrictive practice committee.

There were systems in place for the management and review risk in the centre including systems for fire safety management and infection, prevention and control procedures. Staff working in the centre had completed training in fire safety and in various aspects of infection, prevention and control. Identified risk, fire drills, infection, prevention and control were regularly discussed with both staff and residents at regular scheduled meetings. Staff on duty demonstrated good fire safety awareness and knowledge on the workings of the fire alarm system.

The local fire brigade had recently completed a familiarisation visit to the centre.

## Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance and there were no restrictions in place. Some residents regularly received visits from family members and friends while some were supported to visit family members at home.

Judgment: Compliant

## 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-term 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 17: Premises

Both houses were designed and laid out to meet the number and needs of residents.

The houses were found to well maintained, visibly clean, furnished and decorated in a homely style. Further redecoration and upgrading works had been completed since the previous inspection. All internal walls had been painted. New furniture, curtains, window blinds and bathroom grab rails and accessories had been provided. Additional storage facilities for large items of specialised equipment had been provided.

Specialised equipment including hoists, beds and mattresses were regularly serviced and maintained in good working order.

The design of the houses promoted accessibility with all areas including outdoor areas being wheelchair accessible.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and updated and was reflective of risks that were relevant to the centre. All residents had a recently updated personal emergency evacuation plan in place. There were regular reviews of health and safety, fire safety, medication management, infection, prevention and control and incidents completed by the local management team. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice. The person in charge continued to meet regularly with the service manager to discuss risk issues pertaining to this centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had adopted procedures consistent with with the standards for the prevention and control of healthcare-associated infections. There was evidence of

good practice in relation to infection prevention and control noted. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. There was a colour coded cleaning system in place. The building, environment and equipment were visibly clean and well maintained.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place. Staff spoken with were knowledgeable regarding the workings of the fire alarm system and the layout of the centre. Staff had received in-house training on the workings of the fire alarm panel. The fire equipment and fire alarm system had been regularly serviced. Regular fire drills continued to take place involving both staff and residents. Fire drill records reviewed provided assurances that residents could be evacuated safely in the event of fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed were found to be individualised, clear and informative. There was evidence that risk assessments and support care plans were regularly reviewed and updated as required.

Personal plans were developed in consultation with residents, family members and staff. Review meetings took place annually, at which, residents' personal goals and support needs for the coming year were discussed. The inspector noted that individual goals were clearly set out for 2024. Each resident's personal outcomes were documented in an easy-to-read picture format. There were systems in place to discuss, review and record regular progress on achievement of individual goals. The inspector noted that that personal goals outlined for 2023 had been achieved and some of the goals set out for 2024 had already been achieved while others were plans in progress.

Judgment: Compliant

### Regulation 6: Health care

Staff continued to ensure that residents had access to the health care that they needed. Residents' with specific medical conditions continued to be closely monitored. Residents had regular and timely access to general practitioners (GPs). A review of a sample of residents' files indicated that residents had been regularly reviewed by their GP. The provider had appointed an number of occupational therapists and physiotherapists since the previous inspection. Residents had been recently been reviewed and assessed by the speech and language therapist (SALT), occupational therapist (OT), physiotherapist and psychologist. Each resident had an up-to-date hospital and communication passport which included important and useful information specific to each resident, in the event of they requiring hospital admission. Further follow-up medical appointments were scheduled for a resident recently discharged from hospital.

Judgment: Compliant

### Regulation 7: Positive behavioural support

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 evidence of regular review of positive behaviour support plans in place.

Restrictive practices in use were being managed in line with national policy. All restrictions in use were logged and risk assessed. There were protocols in place with a clear rationale outlined for their use and guidance for staff to ensure that they were used for the shortest time possible. All restrictive practices in use had been recently reviewed by the organisations restrictive practice committee. The local management team outlined how they strived to reduce restrictions in use. Some restrictions were no longer being used, for example, there was no longer restricted access to the kitchen and the use of a psychotropic medication previously prescribed on PRN (as required) basis had been discontinued for a resident. They had also trialled the use of some less restrictive forms and spoke of their commitment to ongoing review of all restrictive practices in use.

Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, and all staff had received up-to-date and recent training in safeguarding. At the time of this inspection, there were no active

safeguarding concerns in this centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents and service users were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. The residents had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to communicate in accordance with their needs and to avail of advocacy services. Restrictive practices in use were reviewed regularly by the organisations human rights committee. Residents were supported to visit and attend their preferred religious places of interest. Some residents were registered to vote.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant