



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

Issued by the Chief Inspector

Name of designated centre:	Ashley House
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	30 January 2023 and 31 January 2023
Centre ID:	OSV-0008171
Fieldwork ID:	MON-0038114

About the designated centre

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

Ashley House is registered to provide long term residential care to two young people age 5 to 18 years, both male and female with intellectual disability, who have high support care needs. Both young people will be facilitated to attend school and engage in activities of their choice, and there is a wheelchair accessible vehicle dedicated to this centre. The centre comprises a bungalow located in a suburb of Waterford City. The centre is in close proximity to shops, parks and schools. Each young person has their own bedroom and en-suite bathroom with other facilities throughout the centre including kitchen, and open plan dining and living room, there are also staff sleepover room and additional bathroom facilities. In line with the provider's model of care, young people are supported by social care staff both day and night 52 weeks of the year with access to nursing support as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Monday 30 January 2023	10:00hrs to 17:00hrs	Sarah Mockler	Lead
Tuesday 31 January 2023	08:30hrs to 16:30hrs	Sarah Mockler	Lead
Monday 30 January 2023	10:00hrs to 18:00hrs	Conor Brady	Support
Tuesday 31 January 2023	09:00hrs to 16:30hrs	Conor Brady	Support

What residents told us and what inspectors observed

This was an announced inspection completed to review the levels of compliance with associated regulations and standards. It was completed by two inspectors across a two day period. One inspector spent time in the designated centre speaking with the local management team and staff member, observing care practices with the young people and completing documentation review. The second inspector reviewed governance and management arrangements in the main office of the organisation. Overall it was found that the centre demonstrated very good levels of compliance. The young people in the home were afforded a good quality of life where person-centred care was paramount to all service provision.

The centre was registered in March 2022 for a maximum of two young people under the age of 18 years. Two young people were living in the centre at the time of the inspection. On arrival at the centre the inspector met the person in charge and some members of the staff team. The young people living in the centre were at school. During this time, the inspector spent time discussing the young people's specific care and support needs with the staff team, reviewing the premises, and completing documentation review in relation to care plans, risk documentation, infection prevention control and other key aspects of care provision.

The young people in the centre arrived home in the afternoon. The young people primarily used facial expressions, gestures and vocalisations to indicate some immediate needs. In order to gain a sense of what it was like to live in the centre, the inspector observed routines, reviewed relevant documentation and had a number of discussions with staff. In addition, the inspector also had the opportunity to speak briefly with family members around the young people's experience in the home.

The inspector observed that both young people in the home appeared comfortable and relaxed at all times. The staff team were very knowledgeable and familiar with their assessed needs and specific communication styles. The staff were kind, caring, and very respectful in their interactions with the young people.

In the afternoon, the staff supported the young people with their specific routines. They were supported to have snacks in line with their specific dietary needs, medication was administered and the young people were encouraged to listen to preferred music or watch a preferred TV program. Before any routine was completed, the staff member gently told the young person what was happening, for example when medication was being administered the staff member was observed to tell the young person each step they were completing. This was done in a patient manner to ensure the young person was comfortable at all times. Later in the afternoon the young people went out to a local library.

On the second day of inspection the inspector had the opportunity to observe aspects of the morning routine before the young people left for school. The young

people were being fully supported with their breakfast and getting their items ready for the day. Again residents preferred music was being played and staff were interacting in a very patient and supportive manner. A staff member was very aware of the young people's communication cues, for example, when a resident pulled at the fruit bowl, the staff member immediately knew this was a possible request that the person wanted something to eat and responded accordingly.

The inspector completed a walk around of the centre on both days of inspection. The centre consists of a detached bungalow building in a residential area. The home was warm, very clean and nicely decorated. There was a good sized back garden to the rear of the property. In the garden a new area was being developed with specific sensory equipment and a large colourful mural had been painted on the garden fence.

Due to the young people's specific needs, including complex health needs, detailed care plans were required to guide staff practice in a consistent manner. It was found that the documents were in place and were guiding staff practice. For example, a young person presented with a specific emerging medical need over the two days of inspection. Staff were seen to escalate this concern appropriately to ensure it was treated in a timely and effective manner. Staff knowledge around the aspects of the young people's care was very good, with each staff member spoken too, describing in a respectful manner, how their specific needs were being met. Staff genuinely cared and were mindful of how they interacted and spoke about the people they were caring for. Person-centred care was evident. Family members spoken with also were very happy about the level of care being delivered and were complimentary about the staff team.

The next two sections of the report outline the evidence found by the inspector in making regulatory decisions of compliance or where further improvements are required to come into compliance.

Capacity and capability

Overall, the inspector found that the designated centre was well managed, and that this was resulting in the delivery of quality, person-centred care and support for the young people living in the centre. They appeared happy, relaxed and content in their home. They were supported by a staff team who were very familiar with their needs and preferences. Each staff member who spoke with the inspector was motivated to ensure the young people were well cared for. Oversight and monitoring were carried out routinely by the person in charge and nominated persons participating in management. The audits were evaluating the effectiveness of practices to support the young people in an appropriate manner and drive areas of quality improvement.

Six monthly announced inspections and annual reviews had been completed for the centre in line with the requirements of the regulations. In addition, the person in

charge had completed regular audits around different aspects of care and support. The actions following these reviews were leading to positive outcomes for the young people in the centre. For example, it was noted that more opportunities were needed to ensure that the young people engaged in age appropriate activities. An activity had been chosen for one young person and this was in the process of being completed.

A newly appointed person in charge had recently commenced in post. They facilitated the inspection. They were found to have the appropriate qualifications, skills, and experience to fulfill this role. Although only new to the post, they had already gained significant knowledge around the young people's specific care needs. They had introduced some new systems and processes to ensure that staff could easily access and complete the required documentation in relation to aspects of care and support.

Due to the assessed needs of the young people a high staff ratio was required at all times. Minimally two staff were present at all times. On review of the rosters it was found that they were well maintained and reflected the staff on duty. Some staff changes had recently occurred. The inspector had the opportunity to meet with two staff members that had recently completed the induction process. On speaking with the staff it was found that they were appropriately skilled and knowledgeable due to the comprehensive induction process that had been completed.

The staff team had access to training and refresher training in line with the organisation's policies and procedures and the young people's assessed needs. They were in receipt of regular formal supervision which was completed by the person in charge. Team meetings were occurring regularly and found to be focused on the needs of the young people. Audits and accidents and incidents were regularly discussed, and learning following reviews were shared across the team.

Overall there were very good operational management systems found to be in place ensuring a very good level of care and support to the residents.

Regulation 14: Persons in charge

The person in charge had the knowledge, skill, and experience to manage the designated centre. They were employed on a full-time basis and also had the responsibility of one other designated centre within the organisation. They were knowledgeable in relation to the young people's care and support needs and were motivated to ensure that they were happy, safe and regularly engaging in activities they enjoyed.

They had systems in place to ensure the effective governance, operational management and administration of this centre. They were working with and supporting the staff team to ensure they were carrying out their roles and responsibilities to the best of their abilities. For example, they had introduced a new daily folder where everyday tasks were set out for the staff team. The person in

charge reviewed this folder on a weekly basis to ensure tasks were completed as set out.

Judgment: Compliant

Regulation 15: Staffing

The young people were supported by a staff team who were familiar with their likes, dislikes and preferences. For the most part, regular relief staff were utilised to cover planned and unplanned staff leave, to ensure continuity of care and support. Agency staff were only used when necessary and they were always supported by regular staff within the centre.

There were planned and actual rosters in place and they were well maintained.

Nursing support was available for the young people when required. On the day of inspection the nursing staff were contacted on a number of occasions for support around different aspects of care and support and were very responsive to all information requests.

Observations on the day of inspection found that the staff team were dedicated, kind and compassionate while completing their duties.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed training and refresher training in line with the organisation's policies and procedures, and the young peoples assessed needs. Staff had good knowledge in terms of the needs of the young people in the centre and were able to demonstrate how this knowledge was translated into everyday practice. For example, when administering medication by Percutaneous Endoscopic Gastrostomy (PEG), a staff member explained each step that they were completing and this was found to be in line with the young person's care plan and relevant policies and procedures.

The staff team were in receipt of regular formal staff supervision which was being completed by the person in charge. Staff training and development, infection prevention and control, and the day-to-day management of the centre were discussed regularly at these meetings.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the senior governance and management team were ensuring the effective delivery of care and support to the young people to a very high standard. Inspectors met with all of the senior management team and persons in charge as part of this inspection. Inspectors found that this management team was made up of skilled, experienced and qualified persons who demonstrated very good levels of governance, oversight and management of the designated centres. Areas such as resident welfare, health and safety, safeguarding and protection, clinical care, risk management, resourcing, staff training and development were all reviewed by inspectors and found to be of good quality. Inspectors reviewed the regular audits that senior management had put in place and found that they were effective and where actions were required as a result of the findings, they were being taken in a timely manner. This provided assurance that the services provided were safe, appropriate to the young people's needs, consistent and effectively monitored in the designated centre in line with the requirements of regulations and standards. High levels of compliance with regulations were noted throughout the inspection of this designated centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the contracts of care that were in place. It was found that the required information was present in these documents. One contract of care had been sent to the relevant agency for signing. This was found to be in line with the transition process for the specific young person. There was evidence of appropriate follow-up in relation to getting this document signed and returned.

Judgment: Compliant

Quality and safety

The local management team and staff team were striving to ensure that the young people were in receipt of a good quality and safe service. From what the inspector observed the they lived in a warm and comfortable home, where they appeared happy and comfortable. Significant improvements in levels of compliance had been found and there was clear evidence that quality improvement actions were being taken by the staff team to ensure positive outcomes for the young people living in

the centre.

The home was a detached bungalow building located within a residential area. The home was a short distance away from the school and other important amenities such as the swimming pool. Each young person had their own individual bedroom that had ample personal items and pictures on display. The young people's art work was also displayed proudly around the home. Over head hoists were in place and bathrooms were fully accessible. Improvements had been made in regards to storage in bathrooms. with new cabinets now installed. Appropriate outside recreational amenities were available to the young people that lived in the centre such as a new sensory area.

In terms of Infection prevention and control (IPC), it was found that the centre was very clean and all relevant measures to ensure the risk of healthcare-associated infections were minimised. Staff adhered to standard and transmission based precautions at all times. Equipment was appropriately cleaned and stored and the laundry procedure were in line with good practice in terms of IPC.

From meeting with the young people in the centre, speaking with staff and reviewing documentation it was clear that the management of healthcare needs was one of the most important aspects of the care and support being provided. There was detailed plans in place to guide staff practice that were updated on a regular basis. Observations indicated that staff were adhering to prescribed practices in place to ensure the best possible care could be delivered at all times.

Regulation 13: General welfare and development

The young people were being actively supported and encouraged to experience a range of activities in line with their specific assessed needs. This included maintaining frequent contact and communication with family members and being an active part of their local community. Family members were welcome to visit at any time. At Christmas the young people were facilitated to meet their neighbours and delivered Christmas cards. On a review of daily notes and progress on individual targets the young people engaged in many different activities such as shopping, visiting cafe's, going to winter festivals, swimming and library visits. They were also encouraged and supported to attend school on a regular basis.

Judgment: Compliant

Regulation 17: Premises

As previously mentioned, the premises was designed and laid out to meet the young people's needs. It was found to be warm, clean, comfortable and homely. They had

access to communal and private spaces.

The house was personalised throughout with the young person's personal belongings, family photos and art work on display. During the inspection, the young people were observed to move around their home and to spend their time in different parts of the house, depending on what they wanted to do.

Judgment: Compliant

Regulation 26: Risk management procedures

The young people were protected by the systems which were in place to identify, assess, manage and review risk in the centre. The organisation's policy contained the information required by the Regulations and there were procedures in place for responding to emergencies.

There was a risk register which was reviewed and updated regularly. It was found to be reflective of the actual risks in the centre at the time of this inspection. General and individual risk assessments were developed and reviewed as required. Staff spoken with were aware of the most important risks in the centre and the relevant control measures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The young people were protected by the infection prevention and control policies, procedures and practices in the centre. There are contingency plans in relation to COVID-19 and these were clearly guiding staff in relation to their roles and responsibilities. The premises was found to be clean during the inspection and there were cleaning schedules in place to ensure that every area of the house was being cleaned regularly. Equipment was stored and cleaned in line with relevant guidance. There were stocks of Personal Protective Equipment (PPE) available. Staff were observed to wear PPE in an appropriate manner and they engaged in regular hand hygiene. Staff had completed training in relation to infection prevention and control including hand hygiene and donning and doffing PPE. There were appropriate systems in place to ensure mop storage and laundry procedures were in line with best practice in IPC requirements. IPC audits were occurring on a regular basis.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire management systems in place. There were adequate arrangements for detecting, and extinguishing fires. There were adequate means of escape and emergency lighting in the centre. There were systems in place to ensure fire equipment was serviced, tested and maintained. The young people had a personal emergency evacuation plans in place which detailed the support they may require to safely evacuate the centre.

Fire drills had been completed with the minimum and maximum numbers of staff on duty. Where the person in charge had identified different modes of evacuation such as, using the bed or wheelchair these had all been practiced and documented.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were procedures in place for the prescribing, administration, storage, recording and disposal of medication. Medications were prepared in a clean environment. The young people were prescribed PRN medicines (medicines to be taken as the need arises) and there was clear guidance in place in relation to the administration of this medication. Audits were occurring on a regular basis. If a medication error occurred clear learning was identified and appropriate steps were taken by staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The resident had an assessment of need and personal plan in place. These documents were found to be person-centred and identifying the young people's wishes, preferences and goals. These documents were being reviewed and updated regularly to ensure they were effective. There was regular input from the multidisciplinary team with meetings occurring on a monthly basis.

Judgment: Compliant

Regulation 6: Health care

The young people were being supported to enjoy best possible health. They had their healthcare needs assessed and care plans were developed and reviewed as required. They had access to health and social care professionals in line with their assessed needs. Upcoming appointments with the General Practitioner (GP) and dentist were discussed with the inspector. Nursing care was available when required.

The inspector reviewed a number of healthcare plans on the inspection day. They were found to be sufficiently detailed to guide staff practice. In addition, staff were able to describe and demonstrate different aspects of care throughout the inspection process.

Judgment: Compliant

Regulation 8: Protection

Staff were clear on the procedures of identifying, responding to and reporting actual or potential incidents or allegations of abuse. Staff had completed appropriate training in this area. The young people's personal plan was detailed in relation to any support they may require with their personal and intimate care. Each step was explained in detail and also accounted on how to maintain the person's right to privacy and dignity at all times.

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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
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 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant