



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

Issued by the Chief Inspector

Name of designated centre:	Ashfield Gardens - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	01 September 2021
Centre ID:	OSV-0004031
Fieldwork ID:	MON-0028761

About the designated centre

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

The designated centre is located in North West County Dublin and provides community based residential services. The premises is a small bungalow located in a residential estate. The centre contains three resident bedrooms, a staff office, a living room, a modest sized kitchen and dining area, a main bathroom with level entry shower, a storage area with separate toilet, and a utility room in an outbuilding. There is a small garden to the front of the property along with a driveway and an enclosed garden space to the rear with an outdoor dining space. There is a full time person in charge in the centre and a staff team comprised of social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 1 September 2021	09:30hrs to 17:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

To gather a sense of what it was like to live in the centre the inspector spent some time observing and speaking with residents, completing document review and speaking with staff who were advocating on behalf of the residents. There was an overall sense that residents were mainly content and happy with their living arrangements. There were management systems in place that ensured the service delivered was safe and effective. However, the overall size of the premises was not conducive to the long term support of people with decreasing mobility needs. Some residents had expressed that elements of the living environment were small and not always accessible. This is discussed in further detail in the report.

As the inspection was completed during the COVID-19 pandemic, the time spent with the residents was done in line with public health advice. The inspector adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection.

The inspector met and spent a short period of time speaking with residents and observing the residents' daily routine. Residents' expressed they were happy living in the centre and were well supported by the staff team. On arrival to the centre the three residents were busy getting ready for their day. They were being supported by a permanent staff member and an agency staff. This routine was busy but completed in a calm and caring manner. The permanent staff member was supporting the residents and helping to direct the agency staff in the relevant routines of the morning. One resident was up and ready to go out to attend their day service, the other residents were in the process of their morning routine.

A resident was enjoying their breakfast in their room and invited the inspector in. Their room was decorated to the resident's individual preference and had items and pictures on display that were meaningful. The resident spoke about their day service and how much they were missing it. They pointed out their pet rabbit that was kept in the garden. The resident's weekly routine was in picture format on the wall and with support they informed the inspector what their plans were for the day. Their plans included completing exercise, attending a zoom session and listening to audio books.

The inspector completed a walk around of the centre in the morning with the person in charge. The centre comprised of a bungalow in a residential area. There was a small garden to the front with car parking and a ramp to the front doors. There was a well kept garden area to the back of the home, with outdoor furniture. The front door led to a small narrow hallway with an office, sitting room, two bedrooms, kitchen and bathroom leading from this hall. A third bedroom was located beside the sitting room. his room also had an exit to the front garden in case of an emergency. Located of the third bedroom was a bathroom with a sink and toilet and a separate store room. Staff could access the store room by exiting the kitchen and entering through a door located off the back garden. There was also a separate location for a

laundry room. The centre was warm, nicely decorated and homely. Some of the rooms were small in size, especially the kitchen/dining area. Space in this area was very limited. Some residents had expressed dissatisfaction with the limited size of some rooms and the inaccessibility of the second bathroom.

Later in the day the inspector had the opportunity to sit with two residents that were relaxing together in the sitting room. Both residents were completing activities of their choice with a preferred tv program playing in the back ground. Activities being completed included puzzles on the residents personal tablet device and needlework. Some staff sat with residents and chatted to them and offered support. There was a relaxed atmosphere and it was evident that residents were very familiar with the permanent staff team. Interactions between the staff and residents were kind and staff were mindful and knowledgeable of residents specific communication needs.

One resident invited the inspector in to tell them about their day. They were listening to music. The resident pointed out familiar pictures displayed on their wall and spoke about their love of poetry and how much it had helped them. The resident explained how to make a complaint and had written out the process in their own words and had it displayed in their room. They also helped out with organising different aspects of the house and were proud of a recent achievement around this.

Documentation review indicated that residents were encouraged to pursue activities and interests that were meaningful for them. Their personal centred plans (PCP) were in line with the observations of residents activities on the day of inspection. For example, one resident's documented goal was to be involved in the running and organisation of the centre. As described above a resident requested that the inspector review the system they had put in place for identifying laundry in the hot press. They had written out and laminated an instruction page and had placed it in the area. They were extremely proud of this work. The residents plans acknowledged residents' strengths and interests and residents were encouraged to engage in activities of their choosing.

The annual review completed in 2020 sought the views of the residents through a service user survey. These surveys indicated that residents were happy and involved in the planning of their days as they wished. Family views of the service were also sought. Again overall the feedback from families in this report was positive with families expressing their satisfaction with the care and support provided.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements were in the main part driving improvements on the quality and safety of the service being delivered.

Capacity and capability

Overall the inspector found that the designated centre was well managed, and that this resulted in a good standard care and support being provided for the residents in the centre. Improvements were required in relation to the number of staff employed on a permanent basis in the centre to ensure continuity of care was in place.

There was a strong person in charge in place who was found to be very knowledgeable of the regulations, legislation and national policy. They had a clear understanding of the service to be provided in the centre and was familiar with residents' specific assessed needs. It was clear to the inspector that the person in charge was competent, had the appropriate qualifications, skills and experience to manage the centre. The person in charge had limited supernumerary hours mainly completed shifts on the floor with residents. Residents were very familiar with the person in charge and were very comfortable in their presence.

The inspector reviewed a sample of rosters and found that although there were sufficient number of staff available to provide care and support to the residents, there was a reliance on relief and agency staff to provide care. Therefore, at times, there was a lack of continuity of care available to residents. On at least one occasion residents expressed dissatisfaction with the level of care provided by unfamiliar staff. In addition to this, a risk assessment for managing behaviours of concern stated that familiar staff were required as a control measure. This was not always possible due to the staffing arrangements in place.

The provider had good systems in place to self-identify areas of service improvements. There was an annual review of the quality and care. This was completed by the Quality and Risk Officer in 2020 and had identified a number of areas of improvement. Some of the findings in the annual review were in line with the findings of the inspection. For example, the provider had identified the need for increased living space in the house. In addition to this there were six monthly unannounced visits and a suite of audits in place. The majority of actions identified had been completed in a timely manner.

Regulation 15: Staffing

The inspector found that there were sufficient numbers of staff employed in the centre with the right skills and qualifications to meet the assessed needs of the resident group. There was, however, a reliance on relief and agency staff to supplement the staff team. The use of different staff meant continuity of care was not always available to residents. On occasions residents had expressed some dissatisfaction with the level of care provided in relation to staff responding to their individual preferences around routines. On the day of inspection there were three whole time equivalent vacancies.

Judgment: Not compliant

Regulation 16: Training and staff development

The majority of staff had completed training and refresher training in line with the organisation's policies and procedures, and the residents' assessed needs. However a small number of staff required some mandatory and refresher training in the following areas:

Three staff member required refresher training in Positive Behaviour Support/Managing Challenging Behaviour.

Two staff required safe administration of medication training. One staff had completed competency training in relation to this and both were on the waiting list to receive the training.

The staff team were in receipt of regular formal staff supervision which was being competed by the person in charge. A sample of notes reviewed indicated good quality supervision was in place that encouraged staff to complete their roles effectively.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective management systems in place in the centre. The provider and person in charge were ensuring oversight through regular audits and reviews. There was an audit schedule in place in the centre and the provider had completed six monthly reviews and an annual review of care and support in the centre.

Staff meetings were occurring regularly and the staff team were in receipt of regular formal supervision. Those staff who spoke with the inspector, stated they were well supported.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of accident and incident reports in the centre and found that the Chief Inspector was notified of the required incidents in line with the requirement of the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that there were systems in place to ensure oversight of complaints in the centre.

The inspector reviewed a sample of complaints and found that the provider was recording and following up on them in line with the organisation's policy. Residents were encouraged and supported to express any concerns. The complaints process was user friendly and there was accessible versions available to residents.

Judgment: Compliant

Quality and safety

The provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. From what the inspector observed, residents lived in a warm, clean and comfortable home, where they appeared happy and content. However, as previously mentioned, the long term suitability of the premises needed review to ensure any changing needs of residents could be fully met. The size and layout of some of the rooms was not always appropriate to fully accommodate three people with mobility needs.

The premises in the centre were clean, homely, and well maintained. Residents' bedrooms were personalised to suit their tastes and communal areas in the centre were bright and decorated with pictures and soft furnishings. There were cleaning schedules in place to ensure that each area of the centre was regularly cleaned, including regular touch point cleaning. The provider had developed or updated existing policies, procedures and guidelines to guide staff in relation to infection prevention and control during the pandemic. There were adequate supplies of personal protective equipment (PPE), and systems in place for stock control.

There were effective fire management systems in place. Suitable fire equipment was available and regularly serviced. There were adequate means of escape which were kept unobstructed and emergency lighting was in place as required. Residents had detailed personal emergency evacuation plans in place. Fire drills were occurring regularly.

Residents were protected by the policies, procedures and practices relating to safeguarding in the centre. Allegations and suspicions of abuse were investigated and followed up on in line with the organisation's and national policy. Safeguarding

plans were developed and reviewed as required. Residents had intimate care plans in place which detailed their preferences and any supports they may require.

The provider had a system in place for identifying, recording and responding to accidents and incidents. A review of this system indicated that the person in charge responded in a prompt manner to issues and escalated risks accordingly when needed. Risk management procedures were well managed and additional risk assessments had been implemented in response to COVID-19.

A sample of residents personal plans were reviewed which contained the relevant documentation to guide staff practice in relation to personal goals, intimate care needs, and health care. An assessment of need was in place to inform relevant care plans. The plans were found sufficiently detailed to support the residents. All plans were reviewed on a regular basis and as previously discussed there was good evidence that goals were relevant to residents' interests. Multi-disciplinary input was occurring on a regular basis to ensure the residents were receiving evidence-based care.

Regulation 13: General welfare and development

The residents were being actively supported and encouraged to experience a range of activities in line with their interests and capabilities. Observations on the day of inspection indicated that residents were encouraged and facilitated to engage in activities that were meaningful to them. Staff provided opportunities for residents to engage in activities in the home and also to go out into the community in line with current public health guidance.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be warm, clean and comfortable. Pictures and items that were meaningful for residents were displayed around the home. Overall, the premises was kept in a good state of repair. The size and layout of some of the rooms limited accessibility for some residents. For example, as stated above the kitchen was a small size and space would be very limited if three residents, there mobility devices and staff were present. The long term suitability of the premises would have to be considered if the residents needs changed in relation to their mobility.

Judgment: Not compliant

Regulation 26: Risk management procedures

The residents were protected by the systems which were in place to identify, assess, manage and review risk in the centre.

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.

Incidents and adverse events were being regularly reviewed and were informing the review of the risk register and the development and review of risk assessments.

Judgment: Compliant

Regulation 27: Protection against infection

The residents were protected by the infection prevention and control policies, procedures and practices in the centre.

The provider had developed contingency plans in relation to COVID-19 and these were 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.

There were stocks of PPE available and a stock control system in place.

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 and the evacuation plan was on display. Detailed risk assessments were in place that reviewed different aspects that could occur during an emergency such as, risk of resistance to evacuating, impaired mobility and waking response. This comprehensive risk assessment informed the residents' personal emergency

evacuation plans in place which detailed the support they may require to safely evacuate the centre.

Fire drills were occurring on a regular basis and staff were able to discuss what would happen in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of residents personal plans were reviewed. There was an assessment of need in place that informed the residents care plans. Residents wishes, preferences and goals were captured and the effectiveness of corresponding plans in reaching these goals was documented.

Judgment: Compliant

Regulation 6: Health care

The residents were being 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 and were found to be accessing national screening programmes.

Judgment: Compliant

Regulation 8: Protection

The residents were protected by the policies, procedures and practices relating to safeguarding and protection.

Staff had completed training in relation to safeguarding and the prevention, detection and response to abuse.

The residents' personal plan was detailed in relation to any support they may required with their personal and intimate care.

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
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not 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 8: Protection	Compliant

Compliance Plan for Ashfield Gardens - Community Residential Service OSV-0004031

Inspection ID: MON-0028761

Date of inspection: 01/09/2021

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider will advertise for and recruit persons to fill the three vacancies in the designated centre	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will ensure that all staff have completed Positive Behaviour Support training and Medication training	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The PIC and multidisciplinary team will complete individual personal needs assessments for all residents in the designated centre to ensure that we are meeting their assessed needs.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/12/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/12/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	31/12/2021

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021