



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:	08 December 2021
Centre ID:	OSV-0003979
Fieldwork ID:	MON-0033666

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 three 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 ten people with intellectual disabilities. The community houses are situated in quiet residential areas. All residents living in Ashington Group have single occupancy bedrooms. All three houses have communal bathroom, kitchen, dining and sitting room areas and rear facing gardens. The three houses are long stay residential homes which are open 24 hours a day, seven days a week. They are staffed by a clinical nurse manager, 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:	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
Wednesday 8 December 2021	09:00hrs to 17:30hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From speaking with residents and from what the inspector observed, it was clear that the registered provider had made improvements across a number of regulations which resulted in enhanced outcomes for those availing of the services of this centre. In the time since the last inspection of the centre, the registered provider had completed upgrade works on the premises of the centre, appointed a new person in charge, strengthened the governance and management arrangements and improved the fire safety arrangements employed. It was clear to the inspector that considerable efforts had been made to improve the quality of the services being delivered in the centre. While there had been good progress overall with the implementation of quality improvement initiatives, the inspector found that there remained a number of key areas which required further improvement and development to ensure compliance with the regulations.

This inspection was completed as part of a regulatory plan for this centre following an inspection which was completed in April 2021 where a range of poor findings were identified. A provider meeting was held in May 2021 and a decision was taken to afford the registered provider additional time to implement the actions contained in their compliance plan response. These actions were reviewed as part of this inspection and it was found that overall, they had been implemented or were in the process of being implemented by the registered provider.

During the course of the inspection, the inspector met and spent time with eight residents and spoke in detail with four of them. In one unit of the centre where there were three residents living, one resident was attending a day service while another resident was helping staff with grocery shopping at the time of the inspection. Another resident was resting and briefly met with the inspector. They appeared to be comfortable and well supported by the staff team present. The staff members met with in this unit explained that the residents enjoyed baking, cooking and going swimming and were busy planning for the Christmas period and decorating the unit.

The other two units of the centre were two semi-detached houses which were joined together. In the first of these units, the inspector met with residents who had recently completed a look back over their personal goals which they set at the commencement of 2021. Staff members had supported the residents to develop picture books which represented the many achievements they had made over the previous 12 months. These included completing 5km charity walks, going on holidays, designing and renovating the garden space, going on train journeys, and making their favourite music playlists. The residents told the inspector that they felt safe living in the centre and knew who to speak to if they ever had any concerns. They explained that they were "very happy and well looked after" and enjoyed living in the centre.

In the other of the two semi-detached houses the inspector found that the environment was very busy and noisy and there was limited space for residents to relax. In this unit, the registered provider had rearranged the living environment to accommodate a resident who needed to live on the ground floor and as a result a living room which was previously available to the wider group was no longer available to some of the resident group. While there had been work completed to upgrade a shared conservatory space to the rear of both units and a vacant bedroom now contained some seats for residents to use, it was clear that these arrangements were not suitable as a medium or long term solution. The provider explained that there were plans in place for one resident to move to a more suitable location and following this transfer the living room would be made available to the other residents again.

The inspector met a number of staff members during the course of the inspection and spoke in detail with three. There was mixed feedback provided by the staff members regarding the improvements which were made in the centre with some explaining that the staff team were "burned out" and "stressed", while others noted the recent progress which had been made and were optimistic about the future. A clear theme that emerged from the discussions held with the staff members was the negative impact that the high turn over of staff was having both on residents and the wider staff team. One staff member described the staffing situation in the centre as being "a crisis", while another explained that the turnover in staff members was having a negative impact on residents as relief and agency staff "did not know the needs [of the resident group]". A third staff member expressed concern and described the staffing turnover as "not fair to residents or the permanent staff team".

While overall, there had been noted improvements across a number of key areas, the inspector found that there remained a significant need in some cases for continued development and improvement to ensure that the needs of residents were met and the standard of services being delivered in the centre were of a good quality. This included the need for stabilisation of the staff team, improving the continuity of care and support, ensuring that the physical environment of the centre met the needs of residents, enhancing further the management arrangements in place, and ensuring that the rights of the resident group were promoted and considered. 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 on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that overall, there had been improvements made in the manner in which this centre was operated and managed in the time since the last inspection in April 2021. The findings of this inspection demonstrated improved levels of

compliance with the regulations and there was evidence available to demonstrate that the registered provider had initiated, and was in the process of, implementing quality improvement initiatives. There remained, however, a clear need for further improvement across a number of key areas in order to ensure that residents were in receipt of safe and good quality care and support.

The centre was found to be adequately resourced to meet the assessed needs of the resident group who were availing of its services. A newly appointed person in charge was in place and met with the inspector on the day of the inspection. They were employed in a full-time capacity and had a clear understanding of their role and responsibilities as outlined in the regulations, legislation and national policy. There were clearly defined management structures in place, however, there was a clear need for the development and implementation of effective management systems to allow for improved oversight of the care and support being delivered to residents. There was evidence to demonstrate that annual reviews and six-monthly unannounced visits to the centre had been completed by the registered provider. In addition, a governance and oversight committee which had been established in the time since the last inspection had met on a regular basis to monitor the implementation of a local service improvement plan.

The inspector found that while the number and skill mix of the staff team outlined in the statement of purpose was appropriate to meet the needs of the resident group, there was a high level of instability amongst the workforce which presented clear risks and discontinuity for residents. For example, the inspector found that in a four week period reviewed, there were 46 different relief or agency staff members employed in the centre to work 74 shifts. Relief and agency staff were found to have worked over 28 per cent of all staff shifts in the four week sample period reviewed. Compounding this, the inspector found that the registered provider was not allocating the numbers of staff members committed to in the centre's statement of purpose. The inspector reviewed a sample of four weeks of staff duty rosters and found that there was a deficit of 5.28 full time equivalent (FTE) when compared to what the centre's statement of purpose committed to. This deficit equated to an average of over 200 staffing hours per week across the three units of the centre.

Regulation 14: Persons in charge

There was a full-time person in charge in the centre and the inspector found that they were suitably qualified and experienced. There was evidence available to demonstrate that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. It was clear to the inspector that the person in charge had a good understanding and vision for the service to be provided in the centre and was motivated to support residents to live active and meaningful lives in their local communities.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that while the number and skill mix deployed to the centre as per the statement of purpose was appropriate to meet the needs of residents, that in practice the number of staff rostered to work was considerably lower. There was a high level of instability in the staff team employed in the centre with considerable reliance on agency and relief staff to support the permanent staff team. This, the inspector found, resulted in discontinuity of care and support for residents who were regularly not familiar with the staff members supporting them. A sample of four staff files were reviewed and in all cases the inspector found that various required Schedule 2 information was not available.

Judgment: Not compliant

Regulation 16: Training and staff development

A review of staff training records found that all members of the permanent staff team had completed all training described by the registered provider as being mandatory. The inspector found, however, that the local arrangements in place for supervising staff were not effective. For example, a considerable number of staff members had not recently received a one-to-one supervision meeting or performance management review as per the organisation's requirements.

Judgment: Substantially compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there was clear evidence that there had been an improvement in the standard of care and supports being provided to residents in this centre in the time

since the last inspection. The centre was found to be appropriately resourced and there was evidence of improved oversight of the care and support being delivered. There was, however, a clear need for the development and implementation of effective management systems and improvement in compliance with the regulations across a number of key areas.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was evidence available to demonstrate that complaints had been investigated and responded to in a timely manner and complainants were satisfied with the outcomes of these actions. There were easy to read procedures on display in the centre to support residents when making a complaint and there was a complaints management policy in place.

Judgment: Compliant

Quality and safety

Overall, the inspector found that there had been improvements in the quality of life and lived experiences of residents in this centre in the time since the last inspection. There was evidence to demonstrate that the registered provider was in the process of implementing a service improvement plan and a number of quality initiatives to further enhance the experience of residents. It was clear that where possible, residents were supported to engage in activities and various social roles within their local communities.

While there remained some environmental matters to resolve in the centre, the premises generally provided for a comfortable, warm and homely space for residents to reside. All residents had their own bedrooms which were decorated in line with their preferences and wishes. Overall, however, the space available to residents was

limited particularly in one of the three units and was found not to promote independence and dignity.

The residents told the inspector that they felt safe living in the centre and knew how to express any concerns that they may ever have. They had been assisted and supported to develop the knowledge, self-awareness, understanding and skills required for self-care and protection. The person in charge and staff team were knowledgeable of the different types of abuse and the actions that are required to be taken in response to witnessing or suspecting incidents of a safeguarding nature.

Regulation 17: Premises

The inspector found that there had been improvements made in the physical environment of the centre including painting and decorating of the units. The centre was clean, warm and homely in nature. There were, however, some areas that required further improvements including the need for replacement of floors due to water damage in one unit, ceiling in a bathroom requiring painting and a shower that residents had previously used was not in working order at the time of the inspection. It was clear that the arrangements in place where a resident was using a living room as a bedroom for a temporary period was not appropriate in a prolonged time frame. The provider had plans in place to support this resident with an alternative placement and were in the process of liaising with their family and representatives about this move.

Judgment: Not compliant

Regulation 20: Information for residents

There was a residents' guide in place in the centre which was available to the resident group and their representatives. The inspector found that this document contained all required information as outlined in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that there was a risk management policy in place (dated October 2019) which contained the information required by the regulations. There were several risk management systems employed in the centre and the inspector found that appropriate guidance was not available to staff members on how to use these systems. There were issues with the consistency in the risk ratings applied to

the same risks which had been identified and assessed and appeared on different risk registers used in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspector found that the staff team were wearing personal protective equipment (PPE) in line with public health guidance and there were sufficient hand sanitising stations in the centre. There were good levels of PPE available in the centre and there was a COVID-19 outbreak management plan in place. There were regular audits being completed along with a self assessment which were carried out on quarterly basis.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There were satisfactory fire containment measures in place and emergency exit routes were observed to be clear of obstruction on the day of the inspection. There was evidence of the regular completion of fire drills which included the participation of members of the staff team and residents.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the registered provider, person in charge and staff team demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspector that they felt safe and knew how to appropriately report any concern about their safety. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that residents were generally treated with dignity and respect while availing of the services of the centre. In one unit, however, the temporary reconfiguration of the ground floor to facilitate the evolving and increased mobility needs of one individual resulted in a compromise of dignity and respect of their shared living space for other residents.

Judgment: Substantially 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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0033666

Date of inspection: 08/12/2021

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The HR Department are running an ongoing recruitment campaign to fill all vacant posts. In the interim the PIC and CNM3 make every effort to fill vacant shifts with regular staff available to work extra shifts or regular relief and regular agency staff. The Person in Charge will liaise with the HR department to ensure that all information as specified in Schedule 2 is obtained for all staff.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has scheduled supervision meetings with all staff for 2022.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

The HR Department are running an ongoing recruitment campaign to fill all vacant posts. In the interim the PIC and CNM3 make every effort to fill vacant shifts with regular staff available to work extra shifts or regular relief and regular agency staff.

There is an established governance and oversight group for the designated centre comprising of members of the executive team and senior management who meet 4/6 weekly to address and oversee implementation of a plan to address areas of non compliance and ensure delivery of person centered supports to a high standard.

The PIC has devised a schedule of formal staff supervision for 2022.

The PIC and PPIM will meet regularly to review actions from Provider Audits, Annual Quality Review and HIQA inspection to ensure implementation of all actions.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The Registered provider will ensure that all maintenance work is completed and the centre is maintained in a good state of repair.

The PIC will ensure a robust transition plan is developed to support resident transition to alternative placement.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 The PIC will review the risk management system in the centre and ensure risk rating is relevant to the identified risk.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 The PIC will ensure a robust transition plan is developed to support resident transition to alternative placement.

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	Red	28/02/2022
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	Red	28/02/2022
Regulation 15(5)	The person in charge shall ensure that he or she has obtained	Not Compliant	Orange	15/03/2022

	in respect of all staff the information and documents specified in Schedule 2.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/03/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/06/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2022
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	Not Compliant	Orange	31/03/2022

	carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2022
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	15/03/2022
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	31/03/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in	Substantially Compliant	Yellow	15/03/2022

	place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/03/2022