



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:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	13 August 2024
Centre ID:	OSV-0004695
Fieldwork ID:	MON-0035487

About the designated centre

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

Ash service is a full time residential service that supports up to seven adults with an intellectual disability, some of whom are on the autistic spectrum and who may present with behaviours that challenge and mental health issues. Individual day service programs or wrap-around services have been developed for residents in recent months. Ash services is made up of three houses; the residents residing in these houses receive varying levels of support, depending on their needs, from a team of social care workers and support workers. The houses are located in community settings in Co Roscommon, all residents have their own bedrooms and there is sufficient communal space for residents to entertain visitors and have privacy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

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 13 August 2024	09:30hrs to 03:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection on receipt of an application to renew the registration of this centre, and to review the providers compliance with the regulations. Overall, the inspector found that the service was meeting the needs of residents living in this centre very well.

On arrival to the centre, the inspector was met by a resident who had remained at home to meet the inspector and planned to attend their day service shortly after. This resident requested the inspectors' identification, welcomed them into the centre, chatted easily and showed them around one house in side and outside, and improvements the provider had completed. They also spoke about a new admission and how they were settling at present and how they were getting on. This resident also spoke about their activities and employment locally in farming activities locally. This resident also enjoyed tending a local pub at weekends and meeting people they knew in the local community. In the two other houses, the residents were busy completing planned activities and were both present or available during the inspection. The inspector found that this resident was very aware and involved in the running of their home. From arrival, two managers were present, which included the person in charge and person participating in management. Both staff were very familiar with the residents and their needs and spoke of further plans ahead in line with the providers goals.

The centre provided full-time residential care for up to seven residents. The centre comprised of three houses located in close proximity on the outskirts of a rural town. Each house comprised of individual bedrooms, bathroom facilities, kitchen and dining areas as well as suitable sitting rooms. There was space to the front and rear of all houses which provided additional space for residents to engage in activities. Some residents attended a day service, social farming activities, and some residents enjoyed a home-based day service with activities that were appropriate. Each house had their own transport to facilitate residents accessing their local community and other areas.

From a review of documentation and discussions with staff and the management team, the inspector could see that residents were supported to do activities that were meaningful and relevant to them. This included structured activities in day service or home based activities and also completing various recreational activities in the wider community and in the houses. The local management team responded to all residents individual needs.

A walkaround of houses found that they were clean, warm, comfortable and suitably decorated and well maintained throughout. Photographs were displayed throughout the communal areas and in residents private rooms. Each room was beautifully decorated and personalised to the choice and taste of the residents. In addition, the inspector saw that information was displayed to help residents access additional services, such as complaints, safeguarding supports, rights information and local

management. Some of this information was displayed in picture format as well as written and additional choices were available to support all residents based on their assessed needs. There was also communal garden areas to the front and rear of each house. Visitors were welcome and all residents had access to multidisciplinary supports when required.

Overall, the inspector found that this service was very focused on residents care and support needs but also ensuring that this service was very focused on residents care and support needs but also ensuring residents were supported to maintain contact with family, representatives, staff and their local community.

The next two sections of the report present the findings in relation to the governance and management of the centre, and how the governance and management affects the quality and safety of the service provided.

Capacity and capability

The inspection found that the governance and management arrangements in place were very effective, and robust and focused on a person centred service for residents living in this centre. The person in charge was supported in her role by a staff team working in the centre, from senior managers who were also very familiar with residents needs. In addition, there was a range of policies and standard operating procedures to guide them in their role.

The provider had prepared a statement of purpose, which was available to read in the centre. The inspector found that it was reviewed frequently and updated to include any changes such as management. This was in line with the requirements of the regulations.

A review of the governance arrangements found that there was a robust management team in place. It was clearly defined and staff were clear about their lines of authority. The role of the person in charge was supported by a staff team who were skilled, knowledgeable and experienced in their role. The six monthly unannounced provider-led audit was recently completed and a number of actions were identified and documented. The annual review of the quality and safety of service was also completed and the local management team were also aware of when it was required for review. The local management team also spoke positively as mentioned previously of their newly established Information technology system known as "flex". This ensured that additional oversights were now in place for the management team to monitor this centre effectively.

The provider had completed a range of audits in the centre and these were available in hard copy but also on their newly established quality systems. These audits included, hygiene, staff rosters and files, finances and personal files as well as fire safety audits. These audits highlighted any gaps evident but also alerted the relevant person to address the actions required, for example a maintenance task

alerted the maintenance staff and they then actioned the task highlighted. Managers were enabled to monitor this system and to ensure that this was addressed in the time frame specified.

The inspector found that sufficient staff numbers were in place at the time of the inspection to support residents needs. The provider was actively recruiting continuously in the region to also ensure that appropriate staff numbers and suitable skill mix were maintained in the region. Where a gap arose, the management team spoke about the importance of consistent staffing and they had contingency plans in place should this issue present from staffing vacancies, absences or illness.

The management team also ensured that staff had access to all mandatory training as specified by the organisation as well as bespoke training for each house as identified in quarterly reviews. Training included manual handling, positive behaviour support, safeguarding and person centred planning as well as dietary supports, epilepsy, mobility and first aid. The person in charge monitored the staff training needs regularly and organised refresher training or updates as required.

Overall, the inspector found that the provider had ensured that this centre was well managed and monitored in line with the requirements of the regulations to ensure that a good quality and safe service was provided to residents living in this centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted all required documentation as required and within the specified time frame for the application to renew the registration.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual rota in place that reflected who was working on the day of the inspection. The centre was staffed by a consistent staff team, with many of whom had worked with residents for a number of years. A sample of staff files were reviewed and were found to include all information as required under schedule 2 of the regulations.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents showed the information as specified in the regulations, such as residents name, address, family contact and admitting representative. This record showed when residents spent nights away from the centre as well as transfers to hospital.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted evidence of insurance for the centre which met the requirements of the regulations, as required in an application to renew registration of a centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this. The management systems in place ensured the service being provided to residents was safe, effective and monitored on an ongoing basis. The provider had appropriate resources in place including equipment, staff training and transport arrangements in place for the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

From a review of a sample of written agreements in the centre, one of which was a new admission into the centre, The provider had ensured that written agreements were in place which informed residents about the service they would receive and associated charges to be met.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensured that the statement of purpose included all the required information and suitably described the service. This document was also provided in

an accessible format where required.

Judgment: Compliant

Quality and safety

The inspector noted that residents were supported as per their assessed needs and were enjoying a very person centred service in this centre and rewarding lives as active participants in their community.

The person in charge ensured that resident's health, personal and social care needs were assessed. Care and support plans were developed as required and monitored by keyworkers and local management to ensure it was up to date at all times. Meetings occurred with resident;s family and representatives where priorities and goals for the future were reviewed and agreed. The person in charge told the inspector about goals for the future, day trips, airplane trips and local community festivals and music shows.

Arrangements were also in place to support all residents to maintain contact with family and representatives, such as visits in the centre, trips to visit family members and maintaining contact through the internet, and phone services.

There was no open safeguarding concerns at the time of the inspection, but where historical information was available , this was to ensure that all staff were familiar with the guidelines required. from discussion with the local management team they were knowledgeable on the procedures and policies in place and spoke about staff access to training on safeguarding as well as this was discussed regularly at staff meetings. The provider had also ensured that there was a policy and procedure to guide staff practice and this was also monitored as required by the regulations.

The premises provided was clean, comfortable, well-maintained and suitably decorated throughout. The provider had taken action to address areas for improvement as identified previously were now addressed. This included paintwork throughout houses in the centre, renovation of bathroom facilities and replacement of flooring. At the time of this inspection, there was no areas for improvement. The centre met the requirements of schedule six of the regulations.

The provider had systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Policies on risk management were available for review and safety statements were up to date. Risk assessments for service level risks were in place and each resident had a personal risk management plan in place.

In summary, residents at this designated centre were provided with a good quality service where their independence and autonomy was promoted. There were good governance and management arrangements in this centre which led to improved

outcomes for residents' quality of life and care provided.

Regulation 11: Visits

The provider had a policy and procedure in place and there was no limitations or restrictions on visitors at the time of the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had ensured that there was adequate space for residents to store their personal belongings. Each resident was also supported to manage their financial arrangements in line with their assessed needs. Residents had access to bank accounts, which were monitored, maintained and reviewed regularly by the staff team and audits were completed as scheduled.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises in the designated met the requirements of schedule six in the regulations. This included suitable private and communal space and that all areas were appropriately maintained and monitored as needed. Where actions were required the inspector noted that the management team were effectively utilising their organisational systems to alert any areas for improvements.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to suitable food and nutrition in the centre. They were also supported to access relevant multidisciplinary such as speech and language, and dietetic services for further guidance where required.

Judgment: Compliant

Regulation 20: Information for residents

The provider had a residents guide which contained the relevant information to guide residents and their representatives about the service provided in Ash services. This was also provided in an accessible format in the centre.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

At the time of the inspection residents did not require support in this area but the provider had a policy and procedure to guide staff supporting residents if required.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements in place for the control and management of key risks in the centre, which were recorded on a risk register. These were kept under regular review by the local management team. There was also evidence that residents were supported in positive risk taking practices, including attending their local pubs, shops and visiting neighbours.

Judgment: Compliant

Regulation 8: Protection

The provider had suitable arrangements in place to safeguard the residents from any form of harm in the centre. This included current policies and procedures available, access to suitable training in safeguarding and intimate care support guidelines for all staff. Information was displayed in the centre should residents or staff have any safeguarding concerns.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Compliant