



# 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:	Announced
Date of inspection:	15 October 2024
Centre ID:	OSV-0008171
Fieldwork ID:	MON-0036588

## About the designated centre

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

Ashley House is a residential service operated by Waterford Intellectual Disability Association Company Limited By Guarantee. The centre provides a community residential service to a maximum of two children with a disability. This centre is a detached bungalow located in a residential area close to Waterford city with access to facilities and amenities. The designated centre consists of sitting room/dining room, kitchen, bathroom, two individual bedrooms and a staff office. To the rear of the house there is a large enclosed garden. The designated centre is staffed by staff nurses, social care workers and care staff. The staff team are supported by a person in charge.

**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
Tuesday 15 October 2024	09:00hrs to 14:45hrs	Conan O'Hara	Lead
Tuesday 15 October 2024	09:00hrs to 14:45hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. The inspection was carried out in one day by two inspectors. The inspection was facilitated by the centre person in charge and also by the staff team who were on duty on the day of inspection. A senior manager also involved in the running of the centre and its operation was available to speak with the inspectors.

Overall this inspection found that the young people received a good quality of care and support. However, some improvement was required in the design and lay out of the premises.

The inspectors had the opportunity to meet with one of the two young people in the morning of the inspection before they left to attend school. One of the young people was on holiday on the day of the inspection. The young person used non verbal methods of communication and the inspectors endeavoured to determine their views through observation of non-verbal communication, monitoring care practices, speaking with staff and local management and reviewing documentation.

On arrival, the inspectors met with the young person in the sitting room where they were watching a music video. They were prepared for the day and were in their school uniform. The staff on duty had supported them with personal care and in the preparation of their school lunch and school bag. The young person was observed relaxing and comfortable in the company of staff and enjoying the music choice on the television. The staff explained the communication cues used by the young person to demonstrate whether they liked or not an activity.

The young people in this centre have complex communication presentations and the inspectors observed a variety of total communication strategies in use in the centre and being used by the staff and the young person. The young person present acknowledged the inspectors' presence with brief glances and the use of directed eye-gaze towards the inspectors when they were spoken to or when an inspector commented on their activity. The staff were observed engaging with the young person when carrying out the morning routine. Staff used skills of anticipation and commenting on what was happening at that moment.

The designated centre is a detached bungalow and consists of sitting room/dining room, kitchen, bathroom, two individual resident bedrooms (both en-suite) and a staff office. The house was observed to be well-maintained and decorated in a homely manner with young peoples personal possessions, pictures and photographs throughout the centre. In addition, the house was suitably decorated for Halloween. The young peoples bedrooms were decorated with personal items in line with their preferences. There was a large garden to the rear of the premises which was well maintained.

However, the kitchen area which was located just off the sitting room, was observed to be small and narrow. The inspectors were informed that one young person could enter the kitchen while the other young person, who used a wheelchair, could not enter the kitchen due to its size. This limited the young person's ability to be involved in or be present during food preparation. While the provider had developed supports to reduce the impact of the limited access to the kitchen, the design and layout of the kitchen required further review.

Over the course of the day the staff team presented as knowledgeable in relation to the individual needs of the young people. They outlined different supports required and how they ensured these were used such as symbol based communication systems, or physical prompting. The staff team used their time to ensure household tasks were completed in a manner that did not prevent them from a focus on playing and supporting the young people when they were in the house.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the young peoples' needs. On the day of inspection, there were sufficient numbers of staff to support the young peoples assessed needs.

The person in charge and the staff members who facilitated the inspection were found to have an in-depth knowledge of the young peoples individual care needs, including where external appointed agencies were involved in the oversight and review of care. The person in charge was in a full time role and they held responsibility for the day-to-day operation and oversight of care in this and two other centres operated by the provider. They were supported in their role by a team leader in the other two centres which allowed them the time to be present in this centre on a regular basis. The person in charge had detailed knowledge of young peoples needs and social histories and it was clear that the aim of the person in charge was to promote the welfare and well being of the young people who used this service.

Staff who met with the inspectors had a good understanding of the young peoples needs and also of the procedures which promoted their safety, welfare and well being. Staff members outlined the prescribed response in regards to the reporting mechanisms for any areas of concern which they may have. In addition, staff training records were reviewed which indicated that staff were up-to-date with their training needs and they had attended training in areas such as children first, safeguarding and also behaviours of concern.

Inspectors found that overall care was provided to a high standard. Some areas for minor improvement were discussed over the course of the day. These related to detail in fire evacuation plans and risks related to the storage of medicinal products. These were responded to by the person in charge and were addressed prior to the end of the inspection.

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

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was in a full time role and they were suitably qualified and experienced for the role. They demonstrated detailed knowledge of the service and also of each young person's individual needs. The person in charge held responsibility for the day-to-day operation and oversight two other centres operated by the provider. They were supported in their role by a team leader in the other two centres.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the young people. There were planned and actual rosters in place and they were reviewed by the inspectors and found to be well maintained. The rosters demonstrated that the centre had a consistent and core staff team in place that was in line with the young peoples assessed needs. The two young people were supported by two/three staff during the day and by two staff at night.

The inspectors also reviewed four staff personnel files and found them to be up-to-date and contained all information as required in Schedule 2.

Judgment: Compliant

## Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team had up-to-date training in areas such as fire safety, safeguarding, manual handling and safe administration of medication. In addition, the staff team had been supported to attend training on human rights and Percutaneous Endoscopic Gastrostomy (PEG) feeding.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspectors reviewed a sample of the supervision records which demonstrated that the staff team received regular supervision in line with the provider's policy.

Judgment: Compliant

## Regulation 22: Insurance

The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the building, contents and the young peoples property was insured.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had ensured that there was a management structure in place with clearly identified lines of authority and accountability. There was a person in charge of the centre who also had responsibility for two other centres. They were supported by a senior manager for this centre. The staff team were clear on who they reported to and who was available to speak to should they have a concern.

The provider had completed an annual review of the quality and safety of care and support in January 2024 for the preceding year. In addition the provider had completed six monthly unannounced visits of the centre as required by the regulations. There was evidence that the young people, and their representatives had been consulted as part of this process. Action plans arose from the findings of these reviews and the inspectors found that progress of these actions was being made and monitored by the person in charge and the provider.

The person in charge and senior manager meet formally on a frequent basis to ensure that key performance measures for the centre are being met and that



actions were being progressed. A formal and informal system was also in place between the person in charge and staff team. There were staff meetings occurring which allowed for systems of communication within the staff team.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document that details the service to be provided in the centre and details any charges that may be applied.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider and person in charge had a system in place for the recording, management and review of incidents in the centre. The inspectors reviewed the record of incidents and found that the person in charge had notified the Chief Inspector of all incidents as required by Regulation 31.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that the young people were supported to have fun and that the service promoted their welfare and wellbeing. However, some improvement was required in relation to the design and layout of the premises.

The inspectors found that young people were supported to access play and activities suitable to their needs in areas within the centre or in the garden where adaptations for sensory exploration had been made. In addition outings in the local community were arranged. Consideration was given to young peoples dietary needs and their eating, drinking and swallowing requirements.

In addition, the young person who met inspectors appeared happy living in this centre and in the presence of the staff team. The inspectors observed that the person in charge and staff team responded respectfully to the young person at all

times and were caring and familiar with their individual needs.

The young people were protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

### Regulation 17: Premises

This centre comprises a detached bungalow in a residential area close to Waterford city. The centre is set on a residential road with a driveway to the front and an enclosed garden to the rear. It is at full occupancy with both young people having their own bedrooms with en-suite bathrooms, furnished to reflect their individual interests. The young people shared a communal dining-living room and small kitchen located to the front of the premises.

The inspectors found that the design of the communal areas required review as some areas were not accessible to one young person who required a wheelchair for mobilising. They could not access the kitchen which was a small room to engage in aspects of food or drink preparation. The inability of one young person to access all areas of their home reflected that the centre was not designed or laid out to meet the needs of the young people who lived there. This had a particular impact as the provider indicates that the centre was identified as the long term home for the young people as they enter adulthood.

There were systems in place to log areas where maintenance and repairs were required and evidence that minor works are completed on an on-going basis including painting and decoration. The house presented as warm and homely and was decorated to reflect the lives of the young people with colourful art work and toys available throughout.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. The inspectors reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up-to-date and reflected the control measures in place.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had measures in place for protection against infection in the centre. The inspectors found that the centre was very clean on the day of inspection. Staff were observed over the course of the day completing cleaning tasks when their schedule allowed and they were familiar with the processes and protocols in place.

There was a cleanliness audit tool used and cleaning rosters in place which were monitored by the person in charge. Cleaning schedules were detailed and contained systems in place for the young peoples mobility equipment and postural management equipment in addition to the cleaning of soft toys and other objects for sensory play. Systems and checks were also in place to monitor disposal of waste and the management of clinical waste. The inspectors found that the staff were aware of how to manage spills and body fluids there were protocols in place for areas such as the management of incontinence or for the management of tube feeding.

The provider had ensured that there were clear contingency plans in place for the management of an outbreak of COVID-19 or other healthcare associated disease. There were clear procedures in place for the management of longstanding infectious diseases. There were infection prevention and control risk assessments and care plans in place for the management of identified risks.

Judgment: Compliant

## Regulation 28: Fire precautions

There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There were adequate means of escape including sufficient emergency lighting which was being regularly serviced. There was a procedure for the safe evacuation of young people and staff, which was displayed.

Each young person had a personal emergency evacuation plan (PEEP) which was clear in relation to any supports they may require. Minor improvement was required to ensure staff knew how to access emergency medication during an evacuation. The person in charge amended the PEEPs on the day of inspection to include this guidance. Staff had completed fire safety awareness training, and dates are identified for refresher training for those who required it.

Daily, weekly and monthly checks and audits were in place with these audited and reviewed by the person in charge.

Fire drills were occurring regularly in the centre and being completed at different

times. These were occurring in line with the provider's policy with regular drills taking place when the minimum number of staff and maximum number of young people were present. Fire drills also included trials with all pieces of equipment that may be used such as wheelchairs, beds or other supports.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had appropriate systems in place for the receipt, storage and administration of medications. The inspectors found that medication practices in this centre were held to a good standard at all times. There were clear practices for medicines to be returned to the pharmacy once they had expired. And there were opening dates noted on labelling of both regular and 'as required' medicinal products allowing the staff to record how long a product had been open.

The documented care plans associated with the administration of 'as required' medicines for individual young people were detailed and guided staff practice. Where one young person required medication for the management of seizures a supportive therapeutic hold was used to aid in the administration of correct doses. The inspectors found that this had been comprehensively assessed and clear plans were in place for staff to follow.

Where a young person used a percutaneous endoscopic gastrostomy (PEG) tube for administration of their medicines there was clear and detailed guidance for staff on how to use this and records maintained of the checks and supports in place.

Where prescribed thickening agents were in use to modify drink consistency these were being safely stored in the kitchen however, this was not in line with the provider's policy. The person in charge reviewed this on the day of inspection and changes were in place prior to the inspectors leaving the premises.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspectors reviewed the young persons' personal files which contained an up-to-date comprehensive assessment of their health, social and personal needs. The assessment informed the young persons' personal plans which guided the staff team in supporting the young people with identified needs, supports and goals.

The provider and person in charge had ensured that all young people had personal plans that included their goals, hopes and dreams in addition to their likes and dislikes. All plans were reviewed on an annual basis and areas that were important

to them formed the central part of these reviews. All young people had goals that were reviewed on a monthly basis and linked with other plans where indicated.

Young people were supported to set goals that had meaning for them, for instance, for one young person this was to go on holiday where they were at the time of inspection and for another young person it was to attend a concert or disco. The young people were supported to go to cafés or to the library, or they wished to go on an outing such as to a local disco or to go shopping.

Young people had a their favourite activities included in their weekly plan such as taking time to complete tasks such as laundry, going shopping or going into the local community. Both young people had access to copies of their personal plans and outlines of their goals which were available in a format that was accessible to them.

Judgment: Compliant

### Regulation 6: Health care

The young peoples' health care supports had been appropriately identified and assessed. They had access to the support of relevant health and social care professionals in line with their needs.

On review of the two young peoples files it was found that they had attended General Practitioners (GPs), dental, neurology, speech and language therapy and dietitian appointments within the last 12 months as appropriate. Staff were knowledgeable in relation to their care and support needs. Documentation was reflective of their current needs and guided staff in providing support to them. For example, young people who required support in relation to their epilepsy had epilepsy care plans in place.

Where staff had observed or recorded a concern then there was evidence of prompt follow up and review for example where one young person was observed experiencing difficulty with sleep apnoea a referral and follow up appointments with the relevant health professional were made.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that there were robust behavioural support arrangements in place as required. Not all young people required positive behavioural support plans however, where they were in place inspectors found them to be regularly reviewed and amended to reflect the young persons current presentation. Plans

contained guidance as indicated from other health and social care professionals such as occupational therapy.

There were a number of restrictive practices in place in the centre which were assessed for and implemented in line with national policy and best practice. The staff team had received training to manage behaviour that challenges and this had included specific training on restrictive practices in use in the centre. The provider ensured that all restrictive practices were reviewed on a regular basis.

Judgment: Compliant

## Regulation 8: Protection

The provider had ensured there were robust safeguarding measures in place for the day-to-day care of young people in this centre. The staff members who met with the inspectors had a good working knowledge of safeguarding measures, and all had received training in the area. The area of intimate care was also well supported. Clear and direct personal and intimate care plans reviewed by the inspectors also aimed to promote the young peoples individual independence.

There were support plans based on recent assessments in place. These included safety assessments for the young people in their home, in the community and while engaged in learning, all of the plans promoted health and well being while ensuring the young people were protected. There was clear guidance for staff on the recording and response to unexplained bruising and systems for recording minor injuries.

Young peoples finances were protected and there were clear and transparent oversight systems in place and audits completed by the person in charge.

In addition, the inspectors found that young people had their own bedrooms and access to their own possessions including toys, DVDs, and age appropriate clothing which was laundered and stored appropriately.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially 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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Ashley House OSV-0008171

Inspection ID: MON-0036588

Date of inspection: 15/10/2024

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Recommendations will be sought from an architect and occupational therapist to identify how the communal areas can be altered to support the young person to access the kitchen facilities, allowing them to engage in the preparation of food and drink. The recommendations will be implemented, and any required renovations completed by 31st December 2026.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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.	Substantially Compliant	Yellow	31/12/2026