



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

## Issued by the Chief Inspector

Name of designated centre:	Abbeyfield Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	04 March 2025
Centre ID:	OSV-0002362
Fieldwork ID:	MON-0037756

## About the designated centre

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

Abbeyfield Residential is a designated centre operated by St. Michael's House and is situated in North Dublin. It provides a residential services to five adults with a disability. The centre is a bungalow which comprises of six bedrooms, kitchen, sitting room, dining room and utility room. The centre is staffed by a person in charge and social care workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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## How we inspect

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 4 March 2025	09:20hrs to 16:00hrs	Kieran McCullagh	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The person in charge facilitated the inspection by speaking with the inspector and providing any requested documentation. The designated centre is registered to accommodate five residents. Over the course of the inspection the inspector had the opportunity to meet with four residents. The inspector used observations and interactions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations. However, some improvements were required under Regulation 17: Premises.

In November 2024 the provider was requested to complete a provider assurance report following an increase in safeguarding notifications submitted to the Chief Inspector of Social Services. This was returned and provider assurances addressed areas under Regulations 15: Staffing, 7: Positive behavioural support and 8: Protection. The inspector used this as a line of enquiry throughout the duration of this inspection and information provided as part of the inspection and observations made by the inspector demonstrated the provider had in place suitable and effective arrangements to safeguard residents from abuse.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service aims to "provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives. Abbeyfield aims to ensure a healthy and safe environment is maintained where everyone feels at home and secure". The inspector found that this was a service that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

The designated centre comprised a six bedroom bungalow situated on a quiet road in a small residential suburb of Dublin. The centre is located close to many public amenities including a large shopping centre, cinema, bowling alley, fast food restaurants and hotels. The inspector carried out a walk around of the designated centre in the presence of the person in charge. The home had five single occupancy bedrooms for residents, a staff office, a kitchen / dining room, a sitting room, a utility room and two bathrooms, one of which was wheelchair accessible. Since the previous inspection in October 2023 the provider had renovated the kitchen which had a positive impact on all residents living in the home and provided them all with a better standard of care.

The inspector observed the home to be clean and tidy and was decorated with the residents' personal items such as family photographs and memorabilia. In addition,

photographs of residents enjoying a variety of activities were displayed throughout the home. For example, the inspector saw photographs of residents enjoying birthday celebrations together, meals and drinks out, gardening and going out for walks and coffees. Accessible information relating to safeguarding, advocacy and how to make a complaint was also displayed on notice boards located in the kitchen / dining area. Information was also displayed on staff members on duty and the inspector observed an activities planner detailing residents planned morning and evening activities for the week ahead.

The designated centre had its own dedicated transport which was used by staff to drive residents to various activities and outings. For example, residents were supported to use local facilities including shops, visit family and friends and attend their day service programmes.

Residents' bedrooms were laid out in a way that was personal to them and included items that were of interest to them. The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be in good structural and decorative condition. Some upkeep issues were identified on the walk around and these are discussed further in the body of the report.

The person in charge spoke about the high standard of care all residents receive and had no concerns in relation to the wellbeing of any of the residents living in the centre. However, they did discuss one resident who was experiencing a period of mental health difficulties which, in the past, had a negative impact on other residents living in the home and had attributed to the increase in safeguarding notifications submitted in quarter 4 of 2024. The resident was linked in with and regularly attended healthcare appointments and a change in medication was having a positive impact for the resident. For example, peer to peer safeguarding related incidents had significantly decreased as a result. Observations carried out by the inspector, interactions with residents, feedback from staff and documentation reviewed provided suitable evidence to support this.

Warm interactions between the residents and staff members caring for them was observed throughout the duration of the inspection. On the day of the inspection the inspector observed residents to be relaxed and comfortable in the centre, staff engaged with them in a very kind and friendly manner, and it was clear that they had a good rapport.

Residents in the centre presented with a variety of communication support needs and were supported by staff to communicate and interact with the inspector throughout the inspection as required. Residents indicated that they were very happy with the service and it was apparent to the inspector that they liked the staff and felt comfortable in their presence. On observing residents interacting and engaging with staff, it was obvious that staff could interpret what was being communicated to them by the residents.

One resident spoke to the inspector upon their return home from their day service

programme. They were excited and happy to show the inspector their bedroom and spoke about their new wardrobes they had got. They told the inspector they were very happy living in their home and felt safe. They said they liked the staff who supported them and told the inspector what they would do if the fire alarm sounded. They spoke about their hobbies and interests and were observed by the inspector relaxing in their bedroom watching their favourite television programme.

Residents had been made aware of the upcoming inspection and were comfortable with the presence of the inspector in their home. In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The inspector reviewed all surveys completed and found that feedback was generally positive, and indicated satisfaction with the service provided to them in the centre, including staff, choices and decisions, trips and events and food.

The inspector did not have an opportunity to speak with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

From interacting with residents and observing them with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose.

The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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 to each resident living in the centre.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The provider had implemented management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their assessed needs.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents. For

example, the inspector observed residents being supported to participate in a variety of home and community based activities of their own choosing. In addition, the provider had also ensured that the centre was well-resourced. For example, a vehicle was available for residents to access their wider community.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The provider ensured that the building and all contents, including residents' property, were appropriately insured. The insurance in place also covered against risks in the centre, including injury to residents.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2024, which included consultation with all residents and their families and representatives.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

There was an effective complaints procedure in place that was accessible and in a format that residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern. The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

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

The registered provider had submitted an application seeking the renewal of registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application.

In addition, the provider had ensured that the fee to accompany the renewal of registration of the designated centre under section 48 of the Health Act 2007 (as



amended) was paid.

Judgment: Compliant

### Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the designated centre.

The person in charge was supported in their role by a service manager and a team of social care workers. The inspector spoke to the person in charge, service manager and to two staff members on duty, and found that they were all knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

The person in charge effectively managed staff scheduling through comprehensive planned and actual rosters. During the inspection, the centre demonstrated adequate staffing with four staff members present during the day and one staff member providing waking night-time supervision. An examination of the January and February 2025 rosters confirmed the consistent presence of regular staff, supporting continuity of care for residents. Coverage for vacant shifts was achieved through a limited panel of relief and agency staff, with specific examples including two shifts covered by two agency staff members in February 2025. The rosters accurately documented all staffing arrangements, including the full names of staff on duty for each shift.

There were effective arrangements for staff to raise any concerns. Staff spoken with told the inspector that they could easily raise concerns with the person in charge or the service manager. In addition to the supervision arrangements, staff also attended monthly team meetings which provided a forum for them to raise any concerns.

The inspector reviewed three staff records and found that they contained all the required information in line with Schedule 2, including an up-to-date vetting disclosure, evidence of qualifications and two written references.

Judgment: Compliant

### Regulation 16: Training and staff development

Effective systems for recording and monitoring staff training were implemented, ensuring staff were well-equipped to provide quality care. Examination of the staff

training matrix evidenced that all staff members had completed a diverse range of training courses, enhancing their ability to best support residents. This included mandatory training in fire safety, managing behaviour that is challenging, and safeguarding vulnerable adults, all of which contributed to a safe and supportive environment for residents.

Further training was provided in areas such as feeding, eating, drinking and swallowing (FEDS), safe administration of medication (SAM), emergency first aid, food safety and infection prevention and control (IPC).

The inspector noted that staff due refresher training were already booked in to complete this. For example, the person in charge provided evidence to the inspector to demonstrate provisions had been made for a number of staff to attend refresher training in managing behaviour that is challenging in March and April 2025.

Staff members were in receipt of quarterly supervision, as per the provider's policy. The person in charge had developed a schedule of supervision for 2025 for all staff members. The inspector reviewed this and found that all staff were in receipt of regular formal supervision and informal support relevant to their roles from the person in charge. The inspector reviewed two staff members supervision records, all of which included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

## Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured.

In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced to deliver effective care and support to residents and to ensure that they had a good quality of life in their new home. For example, staffing levels were appropriate to their needs,

multidisciplinary team services were involved in the development of care plans, and there was a vehicle for residents to access their wider community.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge and they were supported in their role by a service manager. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities. In addition, they were supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including audits on medication, personal plans, safeguarding, staffing, training, fire, infection prevention and control, risk management and the premises. Audits reviewed by the inspector were comprehensive, and where required identified actions to drive continuous service improvement.

An annual review of the quality and safety of care had been completed in December 2024. Residents, staff and family members were all consulted in the annual review. Examples of positive feedback from residents included; "Love all my friends in Abbeyfield", "I like the people and my bedroom", and "I bought a sensory light, mirror for my bedroom, got photos of family and frames hung in my bedroom". Positive feedback received from family members included; "I'm very happy with the standard of care", "Thank the staff in Abbeyfield for all their kindness" and "Communication is great".

The inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit, which was carried out in December 2024. The action plan documented a total of 13 actions. Following review of the action plan, the inspector observed that the majority of actions had been completed and that they were being used to drive continuous service improvement. However, the inspector also identified that actions relating to maintenance of the designated centre, which had also been identified on the previous six-monthly unannounced visit and the infection prevention and control audit completed in May 2024 remained incomplete. This is discussed further under Regulation 17: Premises.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day

operation of the designated centre. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a policy and procedures for resolving complaints and concerns of residents and families in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and demonstrated to the inspector that they had a full understanding of the policy in place.

Residents spoken with felt comfortable with raising concerns and providing feedback and told the inspector what they would do in the event they were unhappy with something.

The inspector observed that the complaints procedure in place was accessible and in a format that all residents could understand. Residents were supported through the complaints process, which included having access to an advocate and staff support when making a complaint or raising a concern.

There were no open complaints on the day of inspection.

Judgment: Compliant

### Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. However, improvements were required under Regulation 17: Premises.

There was an emphasis on supporting residents with life-skills including money management and looking after their own room and belongings, which the inspector saw that they took pride in. The inspector found that residents were supported in

participating in everyday tasks in their home such as, independent living skills. This was part of the culture of the centre in promoting lifelong learning with positive support from staff to ensure residents felt valued and supported.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. The inspector completed a walk around of the centre and found the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their taste and preferences. However, upkeep of the premises was required. Although these issues had been identified on previous local and provider led audits and had been reported to the provider's technical service department there was no time line in place for the completion of works required.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were encouraged to eat a varied diet, and equally their choices regarding food and nutrition were respected. Residents were supported by a coordinated multidisciplinary team, such as medical, speech and language therapy, dietitian and occupational therapy and during the inspection staff were observed to adhere to advice and expert opinion of specialist services.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires within the designated centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, medicine sign out sheets and ongoing oversight by the person in charge and service manager.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans, which outlined the associated supports and interventions residents required.

Where required, psychology and positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenges. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

Good practices were in place in relation to safeguarding. The inspector found that appropriate procedures were in place, which included safeguarding training for all

staff, the development of personal and intimate care plans to guide staff and the support of designated safeguarding officers within the organisation.

## Regulation 12: Personal possessions

The provider recognised the importance of residents' property and had created the feeling of homeliness to assist all residents with settling into the centre. For example, wall art, soft furnishings, photographs of residents and decorative accessories were displayed throughout the home, which created a pleasant and welcoming atmosphere.

The provider had put in place suitable arrangements to inform and reassure residents that the insurance in place covered loss or damage to their property. For example, residents had up to date contracts of care and tenancy agreements on file.

Residents had easy access to and control over their clothing, and adequate space to store it. For example, one resident had set a goal in 2024 to purchase new wardrobes for their bedroom. The resident happily showed the inspector their bedroom, which included ample storage for all their clothes and personal belongings. Records of residents' possessions deposited or withdrawn from safekeeping were accurately maintained and were up to date.

Residents had easy access to and control over their personal finances, in line with their wishes. Information, advice and support on money management was made available to residents in a way that they could understand and all residents had finance support plans on file. Records of all residents' monies spent were transparently kept in line with best practice and the provider's policy on managing residents' finances.

Judgment: Compliant

## Regulation 17: Premises

The inspector found the atmosphere in the designated centre to be warm and calm, and residents met with appeared to be very happy living in the centre and with the support they received. The inspector carried out a walk around of the centre, which confirmed that the premises was laid out to meet the assessed needs of the residents.

Since the previous inspection the provider had renovated the kitchen, which had a positive impact on all residents living in the home and provided them all with a better standard of care.

Residents had their own bedroom which was decorated to their individual style and

preference. For example, residents' bedrooms included family photographs, pictures, soft furnishings and memorabilia that were in line with their personal preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal tastes. In addition, each resident's bedroom was equipped with sufficient and secure storage for personal belongings.

Equipment used by residents was easily accessible and stored safely and records reviewed by the inspector evidenced that this equipment was serviced regularly.

However, some upkeep work was required which had been previously identified in the provider's six-monthly unannounced visits in 2024 and through the provider's infection prevention and control audit completed in May 2024. For example, there was wallpaper peeling off and damaged following a leak in one resident's bedroom. In another resident's bedroom there was further evidence of ceiling damage from the leak and ceiling damage was also visible in the staff office, which required redress and repainting. On the day of the inspection there was no time frame in place as to when these issues would be resolved.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans on file. The inspector reviewed three FEDS care plans and found that there was comprehensive guidance regarding residents' meal-time requirements including food consistency, equipment and environment and residents' likes and dislikes.

Staff spoken with were very knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy. For example, staff were observed throughout the inspection to adhere to therapeutic and modified consistency dietary requirements as set out in residents' FEDS care plans. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs.

There were processes in place to monitor and evaluate residents' nutritional care to help ensure high-quality care was being provided. For example, residents with specialised dietary requirements were provided with low protein foods and natural protein exchanges in line with their nutritional and healthcare plan. In addition, the inspector observed that accurate food and fluid intake records and weight records were maintained.

Residents were consulted with and encouraged to lead on menu planning and had the opportunity to participate in the preparation, cooking and serving of their meals as they so wished. The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from, and it was hygienically stored and labelled correctly. The kitchen was also well-equipped with

cooking appliances and equipment.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that the fire panel was addressable and easily accessed and all fire doors, including bedroom doors closed properly when the fire alarm was activated. Emergency exits were thumb lock operated, which ensured prompt evacuation in the event of an emergency.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed five residents' personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency.

Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation. One resident the inspector spoke with was fully aware of evacuation routes, what to do in the event of an emergency and where the fire assembly point was.

The inspector reviewed fire safety records, including fire drill details and found that regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents in the event of an emergency during both day and night-time circumstances.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The provider had appropriate lockable storage in place in the designated centre for medicinal products and a review of medicine administration records indicated that medicines were administered as prescribed. The inspector observed that the medicine press was clean, tidy and well organised which promoted medicine safety in the centre. For example, all medicines stored were in their original packaging and labelled correctly.



The inspector reviewed on resident's medicine administration record in full. This clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Furthermore, staff were competent in the administration of medicines and were in receipt of training and ongoing education in relation to medicine management.

All medicine errors and incidents were recorded, reported and analysed and learning was fed back to the staff team to improve each resident's safety and to mitigate against the risk of recurrence. Medicines management was audited regularly in order to provide appropriate oversight over medicine management.

The provider and person in charge ensured that all residents received effective and safe supports to manage their own medicines. For example, residents had been assessed to manage their own medicines. Outcomes from these assessments were used to inform residents' individual plans on medicine management. No residents were self administering medicines on the day of inspection.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' files and saw that files contained up to date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate. The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on file relating to the following:

- Emotional wellbeing
- Mobility
- Money management
- Nutrition and hydration
- Rights.

The inspector reviewed three residents' personal plans, which were in an accessible format and detailed goals, wishes and aspirations for 2024 and 2025 which were important and individual to each resident. Personal plans included information relating to the following:

- Who I am
- My people
- Things I like and don't like
- What is important to me

- My future.

Examples of goals set for 2024 included: "Going on a nice holiday in Ireland in a hotel where there is music", "Go to more concerts", "Decorate my bedroom" and "Learn more crafting like rug making and knitting". The provider had in place systems to track goal progress. For example, goals were discussed with residents during key working, person-centred planning meetings and "My Life Meetings". The inspector reviewed one resident's "My Life Meeting" minutes held in January 2025 and saw evidence that the following was discussed and recorded; future planning, goal progress and next steps. In addition, photographs of the resident participating in their chosen goals and how they celebrated were also included in their personal plan.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, residents had psychology support plans and positive behaviour support plans on file. The inspector reviewed three residents' plans and found that these were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included trigger and antecedent events, proactive and preventive strategies in order to mitigate the risk of behaviours that challenge from occurring.

The provider ensured that staff had received comprehensive training, equipping them with the knowledge and skills required to support residents effectively. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

There were seven restrictive practices used within the designated centre. The inspector completed a full review of these and found they were the least restrictive possible and used for the least duration possible. Residents had consented to the use of restrictions. For example, one resident had a social story on file documenting use of the restrictive practice and the consent to put it in place. Restrictive practices were also discussed during monthly key working meetings with all residents.

The inspector found that provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, restrictive practices in place were subject to regular review by the provider's positive approaches monitoring group (PAMG). Furthermore all restrictive practices were appropriately risk assessed and clearly documented and appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions with the resident.

Judgment: Compliant

## Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Staff spoken with were knowledgeable about abuse detection and prevention and promoted a culture of openness and accountability around safeguarding. In addition, staff knew the reporting processes for when they suspected, or were told of, suspected abuse. It was evident to the inspector that staff took all safeguarding concerns seriously.

On the day of this inspection there were no safeguarding concerns open. However, the inspector found that previous safeguarding concerns had been reported and responded to as required. For example, interim and formal safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks. The inspector reviewed seven preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

The inspector found that learning from investigations were used to inform changes in practice. In addition to staff safeguarding training, the provider, service manager and person in charge put in place a number of other learning strategies to enhance the staff teams' knowledge and skill in safeguarding and better promote best practice in this area. For example, a comprehensive safeguarding audit was completed in January 2025 by the provider's senior safeguarding social worker and all findings and learning from this audit was shared with the staff team.

The inspector completed a review of the accident and incident tracker, which evidenced a reduction in peer to peer related safeguarding incidents. For example, one incident was recorded in January 2025 and no incidents were recorded in February 2025. A review of notifications submitted to the Chief Inspector found evidence to support this.

Following a review of three residents' personal intimate care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with the residents' personal plans and in a dignified manner.

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 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 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Abbeyfield Residential OSV-0002362

Inspection ID: MON-0037756

Date of inspection: 04/03/2025

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"><li>• Damage to ceiling in Residents room and staff office – Roof repairs and remedial works within existing rooms to be completed – 30/5/2025</li><li>• Wallpaper peeling under radiator in residents room- completed 30/5/2025</li></ul>	

## 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 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	30/05/2025