

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

Issued by the Chief Inspector

Name of designated centre:	Abbey View Residences
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	12 April 2023
Centre ID:	OSV-0003453
Fieldwork ID:	MON-0030385

About the designated centre

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

Abbey View Residences provides accommodation and support in a purpose-built facility of self-contained apartments to 10 adults with physical disabilities and neurological conditions. Residents may also have secondary disabilities which could include an intellectual disability, mental health difficulties or medical complications such as diabetes. Support is provided 24 hours per day, seven days per week and may include respite care. People living within Abbey View Residences direct and participate in their own care. Residents at Abbey View Residences are supported by a staff team which includes a full-time person in charge, nursing staff, and care staff as well as maintenance and administrative support. Staff are based in the centre when residents are present including at night. All residents also have personal assistants for social support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 April 2023	09:00hrs to 17:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that there was a pleasant and calm atmosphere in this centre and that some residents reported a high level of satisfaction with many aspects of care which was provided. However, some residents were unhappy in regards to supports for community access and others were dissatisfied with bathroom facilities which potentially impacted upon their dignity. These issues will be discussed throughout the report.

The inspector met with five residents during the course of the inspection and also a care coordinator and the centre's person in charge. As part of the inspection process residents are facilitated to give their opinions on the service by meeting with the inspector and also by completing questionnaires. Two questionnaires were completed by residents which clearly stated that they were unhappy with their showering facilities and also the level of staffing supports which they received, particularly in the morning and evening time. These comments are also in-line with the findings of this report which will be discussed below and throughout the subsequent sections.

The centre was large and accommodated up-to-ten residents. There were seven identified full-time residential placements available and three respite placements. At the time of inspection there were five full-time residents and two respite placements. Each resident had their own self contained apartment which comprised of an open plan kitchen, dining and bedroom area and it also had a toilet/shower room. The inspector met with four full-time residents and one respite user in their own apartments. Residents reported that they liked having their own living space and each resident had decorated their apartments with photographs from their youth, family and also special occasions. Each apartment also had an individual front door and residents reported that they enjoyed coming and going at their own leisure and also having visitors at a time of their choosing.

Some deficits had been found in regards to the maintenance of the centre on the last inspection and the person in charge detailed the plans which were in place to address these issues. Contractors were also in the centre replacing carpets on the day of inspection. Although the maintenance issues were being addressed, at the time of inspection there was a fundamental issue with the layout and design of the centre which impacted upon some residents' dignity. Although three residents had their own shower facilities in their apartments the layout and design of these facilities were unsuitable to their needs. For example, these residents required additional equipment due to their assessed needs and this equipment was too large to fit in these bathrooms. This meant that residents were required to use a shower trolley to traverse between a larger bathroom and their apartment. The inspector observed this practice and although staff ensured that the resident's dignity was maintained, residents who met with the inspector did not like this practice and there was the potential to impact upon their dignity. The inspector had also attended this centre in the past and this issue had been raised; however, it had not been suitably

addressed by the provider.

Residents chatted openly with the inspector about their lives both past and present. One resident who met with the inspector discussed their future and how they were finalising their plans to move to their own apartment in the locality where they grew up. They spoke about the care they received in the centre and how staff knowledge in regards to their care needs was an integral aspect of their daily life. They explained that in general they got on well with all staff and they highly complimented the centre's person in charge. A respite user who met with the inspector spoke highly of the staff team and they were in the process of applying to become a full-time resident in this centre. Although, some residents were happy with the staff team who supported them, two residents were unhappy with some of their interactions with the staff team. Two residents discussed how they felt that some staff members took much much charge of their lives and they felt that interactions with these staff should be better. One resident discussed how they had raised these issues with management in the past; however, they were still unhappy with the situation. The other resident felt that raising these issues would not make any difference. The inspector found that the person in charge sought to have the best interests of residents to the forefront of care and she met with each resident individually monthly to discuss their care and any issues they may have. A number of measures were also introduced to review staff practice and interaction and a resident reported that this had resolved their issues for a short period of time. Although there was an open and transparent culture in this centre, these issues required further review to ensure that residents' experience of living in this centre continued to be positive.

Since the inspector had last been in the centre some of the residents' needs had changed and they required more staff support and interventions to keep them safe and also to ensure they enjoyed a good quality of life. Although residents' needs had changed the staffing resources remained unchanged and as a result the provider was unable to operate at their full capacity. Even though the provider operated at reduced capacity, deficits in staffing resources were clearly visible on the day of inspection. Two residents required support from staff to safely engage in the community and this staff allocation was not available. Another resident, who had high individual needs and again required staff support had only seven hours weekly allocated to them for social engagements. The inspector found that these hours were well used; however, the resident clearly told the inspector that this was not enough and how they loved to go out and about on a daily basis, but they could not do this with the arrangements at the time of inspection. A resident also discussed how they shower on set days in the week and generally they don't mind this arrangement; however, they also explained that it was difficult to re-arrange their showers and they were well aware that if they did it would mean that another resident's schedule would be effected.

Even though the centre was under resourced, it was clear that the management and staff team were getting the best out of the resources which they had. For example, the resident who had only seven weekly social hours was always supported to do exactly what they wanted with those hours and they had also recently attended a concert. The person in charge was also acutely aware of the limitations of the

staffing resource which impacted upon the overall quality and safety of care which was provided. However, significant improvements were required to ensure that the centre was adequately resourced in line with residents' changing needs.

Capacity and capability

The inspector found that that the day-to-day management and oversight of the centre was maintained to a good standard; however, the provider failed to adequately demonstrate that the centre was resourced to meet residents' changing needs and that the premises promoted accessibility and dignity.

The person in charge facilitated the inspection and they were found to have an indepth knowledge of residents' collective needs and also of individually issues which had the potential to effect their lives. They attended the centre throughout the week and residents who met with the inspector stated that they felt supported by their oversight and that they would have no reservations in speaking to them if they had a concern or complaint. The person in charge also had a schedule of audits in place which assisted in ensuring that many aspects of care were maintained to a good standard.

The provider of care in this centre had made a decision to operate this centre at a reduced capacity as residents' needs had changed over a number of years and the current staff allocation would not support a safe and consistent level of care if all beds were occupied. Although this was a proactive measure to assist in ensuring that standards of care were maintained, the inspector found that the staffing allocation still remained at a level which did not promote the quality and safety of care for residents who were using the service on the day of inspection.

The provider was aware of the challenges which the centre faced in terms of staffing resources and the person in charge indicated that the provider continued to seek additional funding; however, on the day of inspection this was not in place. The inspector also found that the premises no longer supported a good quality of care for three residents. As mentioned earlier, three residents had to traverse the centre's corridor in a piece of equipment in order to have a shower and although the staff sought to maintain the residents' dignity, two residents who met with the inspector clearly stated that they did not enjoy this experience. This was an issue which had been previously raised with the provider however, this had not been addressed. In additional, the provider had completed all required audits and reviews of care; however, the centre's most recent six monthly audit had not examined the centre's premises even though maintenance concerns had been raised on the centre's last inspection. In addition, the centre's staffing allocation had been deemed as satisfactory even though it was clear that the centre's resources did not promote consistency in terms of the quality of care provided.

Overall, the inspector found that the person in charge promoted the wellbeing of residents and considering the reduced resources which were available to them they

continued to strive to improve the quality and safety of care which was provided. However, limited staffing resources and issues with the physical structure of the centre compromised the quality of care and life experience of some residents who used this service.

Regulation 14: Persons in charge

The person in charge was in a full time role and they attended the service throughout the working week and it was clear that they were committed to the delivery of a good quality service. They had a range of oversight measures and scheduled meetings with residents which aimed to ensure that they were the sole focus of care and also that the service was safe.

Judgment: Compliant

Regulation 15: Staffing

Adequate staffing resources underpin the quality and safety of care which is provided to residents. Residents who used this service had high support needs including, healthcare, personal care, mobility and safety concerns. Although the provider had staffing in place to meet residents' basic needs - the staffing allocation was not sufficient to ensure that residents had free choice, adequate social engagement and safe social access.

Judgment: Not compliant

Regulation 16: Training and staff development

Residents were supported by a well trained and well informed staff team. Training records indicated that staff had received training in areas such as fire safety, medication administration and also safeguarding. In addition, training in areas such as tracheotomy care and percutaneous endoscopic gastrostomy (PEG) care was also facilitated and based on the assessed needs of residents. A schedule of team meeting was also in place which facilitated staff members to raise concerns in relation to care practices.

Judgment: Compliant

Regulation 23: Governance and management

Robust oversight of care practices assist to ensure that the service is safe, of good quality and adequately resourced to meet the changing needs of residents. Although all audits and reviews had been completed as required, the centre's six monthly audit failed to highlight issues which were found on this inspection which included issues with the premises and a lack of staffing resources which impacted upon the day-to-day lives of residents.

In addition, although the person in charge met regularly with residents, issues between some residents and staff were unresolved and had the potential to have a negative effect on residents' lived experience.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of information indicated that all notifications had been submitted as required by the provider.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place and the person in charge met with residents on a monthly basis to discuss any issues which they may have. Residents who met with the inspector said that they had complained in the past and at the time they were happy with the outcome of their complaint.

Judgment: Compliant

Quality and safety

The inspector found that the life experience of some residents had been compromised due to inadequate staffing resources and the unsuitability of the premises to meet the needs of some residents. However; in saying this, the inspector had conducted a number of inspections in this centre and on this inspection found that there was a pleasant atmosphere and that the person in

charge and local management of the centre were committed to the delivery of a good quality service.

As stated in the opening section of this report, the premises was not meeting the needs of some residents who required significant support with their mobility needs. Although their living environments were pleasant and they had personalised their individual apartments, their own bathrooms which were part of their individual apartments were not suitable or large enough for the equipment which was required to support them with some of their personal care needs. Although, the premises required adjustments to meet residents' collective care needs, actions from the last inspection in regards to maintenance and upkeep had been delayed; however, they were underway at the time of inspection and planned upgrades were scheduled to occur.

The person in charge had an indepth knowledge of the residents' needs including issues which may impact upon their safety. They had risk assessments in place in response to safety concerns such as falls, pressure area care and also issues relating to community access and mobility for some residents. Recent mobility assessments by an member of the multi-disciplinary team had determined that two residents required a staff member to assist them to safely access their local community. As mentioned earlier in the report, this additional staff allocation was not readily available to these residents which limited their opportunity for safe social outings; however, a resident informed the inspector that they recently left the centre to go shopping as they knew that staff were not available to assist them. The inspector found that the lack of staffing had the potential to impact upon the safety of these residents when accessing their locality.

Although, some aspects of care required further attention, the centre had a pleasant atmosphere and all residents reported a high level of satisfaction with many areas of care. The inspector chatted freely with five residents throughout the morning of inspection and the inspector observed that both the person in charge and another staff member had a good rapport with residents and they understood their unique communication needs. One resident used technology to communicate and they told the inspector that it was an essential piece of equipment which enhanced their daily life. Another resident who met with the inspector communicated verbally; however a staff member assisted with this interaction and they inspector found that this member could communicate freely with them. Personal plans which were reviewed also gave a clear insight into residents' communication needs and they reflected practice and interactions which were observed in the delivery of care.

The provider had taken fire safety seriously, all staff members had received fire safety training and there was clear emergency procedures displayed. Fire equipment such as fire doors, emergency lighting and fire warning system were also in place and a scheduling of servicing was in place and up to date. The provider had employed a phased compartmentalised evacuation of the centre and although fire drills demonstrated that individual residents could safely evacuate the provider had not completed full compartmentalised drills to ensure that residents in these areas could safely evacuate together in a prompt manner.

Overall, the inspector found that in many regards residents were happy with the service which they received; however, fundamental aspects of care including staffing resources and the unsuitability of some bathroom facilities were impacting on the day-to-day life experience of some residents.

Regulation 11: Visits

Residents reported that they were full control of who visited them in their own apartments and that they were no visiting restrictions placed upon them. Residents also explained that they used messaging services, the Internet and also their mobile phones to keep in contact with their family and friends.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for recording, monitoring and responding to incidents. In addition, any safety concerns had been assessed and associated risk management plans were implemented to manage these concerns. Although safety was promoted, the inspector found that the allocation of staffing had the potential to impact on residents' safety as one resident choose to access the community independently as there was insufficient staff to support them at a time of the choosing.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Staff continued to wear face masks which was in line with the provider's infection prevention and control (IPC) procedures. The person in charge indicated that this arrangement was under review following recent changes to public health guidance. The centre was also clean to a visual inspection and maintenance works were underway which would have a positive impact on the IPC arrangements in this centre.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had fire safety equipment in place and it was clear that fire safety was promoted. It was clear that residents could safely evacuate the centre individually; however, the provider failed to demonstrate that residents could collectively evacuate the compartment to which they were assigned.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had been assessed to manage their own medications and suitable risk assessments were in place for those who managed their own medications. In addition, the provider had supplied suitable medication storage facilities and residents who required support with their medications had complete prescription and administration records in place.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding plans required in this centre and staff had undertaken safeguarding training. Residents also stated that they felt safe in their home and they would have no reservations in reporting a concern to management of the centre.

Judgment: Compliant

Regulation 10: Communication

Residents had comprehensive communication plans in place and staff who met with the inspector could clearly understand residents' communication needs. Residents were also supported with assistive technology and information relevant to the service was clearly displayed and accessible to residents.

Judgment: Compliant

Regulation 17: Premises

Suitable and accessible premises promotes a good quality of life and ensures that residents' independence and dignity are actively promoted. Although many aspects of this centre promoted accessibility, bathroom facilities for three residents were unsuitable for their showering needs and alternative arrangements which were in place had the potential to impact upon these residents' dignity.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant

Compliance Plan for Abbey View Residences OSV-0003453

Inspection ID: MON-0030385

Date of inspection: 12/04/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> - Resources for an additional 8 hours per day staffing has been introduced which will provide more choice for residents for personal care and increased opportunity for community access by increasing staff on the floor at peak times. This commenced on 15th May 2023. - This is an interim measure in advance of a decision on our business case submitted to the funder on 24th May 2023. - An urgent business case has been completed and forwarded on 9th May 2023 to the funder for the provision of additional frontline care staff for 16 hours per day. - At the funder’s request the business case was updated to include capacity to meet the needs of future additional occupancy of vacant apartments. An application for 28 hours of frontline care has been submitted on 24th May 2023 and is pending review between the funder and Provider. - Once implemented this would increase frontline staffing levels during waking hours to fully meet current service requirements and offer flexibility and choice to residents based on their support requirements both in house and for community access. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - The Provider will engage a person external to the service to engage with residents who have a concern re staff relations. 	

- The PIC will engage with any resident who has a concern with staff relations with a view to resolution.
- External Mediation services will be engaged for longstanding unresolved issues.
- Organizational values training will be held for all staff by the Regional Quality Partner to support and encourage positive relationships with service users.

- Future 6 monthly provider audits will review the staffing levels in the service.

- Future 6 monthly audits will review previous audits, recent HIQA inspections and centre trends when compiling required actions.

- The care needs analysis will be reviewed annually or more frequently as required and will support the development of a roster which meets the current assessed needs of the residents.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The immediate introduction of resources for an additional 8 hours per day staffing will increase the ability of the service to provide assistance to people wishing to access the community.
- This is an interim measure in advance of a decision on our business case submitted to the funder on 9th May 2023. .
- At the funder’s request the business case was updated to include capacity to meet the needs of future additional occupancy of vacant apartments. An application for 28 hours of frontline care has been submitted on 24th May 2023
- Additional staffing will be used both in-house and available for the provision of assistance to residents to access the community safely, based on the expressed wishes in each individual’s care plan.

- Risk assessments are in place in relation to the need for provision of community access for two people.

- The PIC will consult with two service users to assess their community support needs and provide staff in as far as possible to assist them at times they require, using the additional staffing resource.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - Future compartmentalized fire drills will focus on a single zone and clearly identify the zone which has been evacuated. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - 2 x bathrooms are undergoing upgrade works which will allow the 2 residents to complete all personal care and showering within their own apartment. This will be completed and the bathrooms fully operational by 15th June 2023. - 1 x bathroom requires more substantial work and some flooring replacement. The service is engaging with a contractor for this work. Work will be completed by 15th August 2023. - The Service user living in this apartment has been offered the choice to move temporarily or permanently to another vacant apartment. This would allow them to complete all personal care in their own apartment. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/08/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	15/08/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Not Compliant	Orange	31/08/2023

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/08/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	11/05/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	11/05/2023