



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

Issued by the Chief Inspector

Name of designated centre:	Abbey Village Group Homes
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	12 October 2023 and 13 October 2023
Centre ID:	OSV-0005250
Fieldwork ID:	MON-0031936

About the designated centre

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

Abbey Village Community Group Homes provides full-time residential care and support to fifteen adults (male and female) with a disability. The designated centre comprises of three, five bedded bungalows. Residents in each bungalow have their own bedrooms and also have access to communal living rooms, kitchen dining rooms and bathroom facilities. The centre is located in a residential housing estate in a rural village and is close to local amenities such as shops and cafes. Residents are supported by a team of nurses and health care assistants, with staffing arrangements in each bungalow being based on residents' assessed needs. Abbey Village Community Group Homes aims to provide residential services where each resident is cared for using person-centred planning in close partnership with the resident, carers and families thus empowering each resident to live life to the full within the community in which they live, encompassing social, emotional, spiritual and financial development and independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
Thursday 12 October 2023	14:35hrs to 18:45hrs	Angela McCormack	Lead
Friday 13 October 2023	09:45hrs to 13:30hrs	Angela McCormack	Lead
Thursday 12 October 2023	14:35hrs to 18:45hrs	Eilish Browne	Support
Friday 13 October 2023	09:45hrs to 13:30hrs	Eilish Browne	Support

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor compliance with the regulations and as part of the monitoring for the renewal of the registration of the designated centre. As part of the announcement, an information leaflet about the names of the inspectors that were visiting was provided. In addition, questionnaires were provided so as to establish the views of residents living in the centre. The completed questionnaires were provided to inspectors and reviewed as part of the inspection.

Abbey Village group homes consisted of three large bungalows that were located in a housing estate in close proximity to each other. Each house accommodated five residents. One resident had recently moved into one of the homes, and this transition was reported to have gone well. The resident met with inspectors and was found to be happy with their new home. One other resident was being supported to seek a new home in line with their wishes.

Overall, this inspection found that residents living in Abbey Village group homes were provided with a person-centred service where their choices and rights were upheld. All residents expressed satisfaction with the service provided through the questionnaires. Observations and communications with residents on the days of inspection also indicated that residents were happy and content in their homes. Inspectors got the opportunity to meet with 14 residents during the inspection. One resident was resting at the time of the inspector's visit and they chose not to meet with the inspector at that time.

All of the houses were clean, homely and spacious. Each resident had their own bedroom with en-suite facilities. Bedrooms observed were beautifully decorated and personalised. Some residents attended an external day service and some residents chose not to. Residents' choices in this regard were found to be respected. Where residents chose to remain at home during day hours, they were found to be supported with suitable numbers of staff to support them to do activities that they wished to do.

On arrival to the centre, inspectors met with residents in one house, and the staff supporting them. Residents were observed baking with staff and having snacks. The atmosphere was relaxed and residents appeared content. Staff were seen to support residents with respect and they appeared knowledgeable about residents' needs and communications. Some residents who were at day service were met with later in the evening. Residents proudly showed inspectors their bedrooms which were beautifully decorated and personalised. Some residents showed inspectors their person-centred plans which were located in their bedrooms, and which contained photographs of personal goals achieved. Residents in this house were observed watching television in their bedrooms, relaxing in an area with sensory lighting and some residents were using technological devices. Residents spoke about things that they enjoyed with support from staff. This included having family visit them in their

home. Inspectors were informed that family contact was very important for residents in this house, and described about how residents maintained communication through technological devices. Residents had access to technological devices, telephones, music players and televisions in line with their needs and choices. Inspectors spent time in the other two houses during the first evening of the inspection and the following day where they got an opportunity to meet with all residents, except one.

In the second house, the inspector met with four residents throughout the two days. One resident had attended hospital the first day and they met with the inspector the following morning. Residents spoken with talked about holidays and day trips they went on recently and activities that they enjoyed. These included; playing golf, listening to music and going shopping for personal items. Residents reported that they liked living at the centre with one resident saying that their favourite thing about living at the centre was 'friends'. Another resident spoke about a birthday celebration that they held recently where their friends and family attended. Some residents spoke about goals that they hoped to achieve in the future, one of which was to go on an airplane. Overall residents in this house appeared relaxed and content in their home, with staff and with each other. The house was well maintained and spacious for the needs of the residents. However, wheelchair users' access from the back doors to the garden area could not be facilitated easily, with one resident reported to access the back garden area through the front door only. This was identified by the management team and was actively followed up, with plans in progress for this to be addressed.

One inspector visited the third house, they had the opportunity to meet with all five residents in the house. The inspector was given a tour of the house by one of the residents. The house was nicely decorated with soft furnishings and photographs of residents displayed throughout. Each bedroom was found to be comfortable and decorated to reflect residents' preferences. One resident told the inspector that they felt safe in their home, that they liked the staff and that they enjoyed the food choices available. It was evident that residents were involved in the running of their home and liked to do daily tasks and chores around the house, to include, setting the table for meals, loading and unloading the dishwasher, assisting with putting away the grocery shopping and assisting with the preparation of some meals. There was a homely and friendly atmosphere in this house. It was clear that the five residents living in the house got along well and enjoyed each other's company. They chose to engage in numerous activities together. For example; on the second morning of the inspection all five residents attended 'music therapy' together which they reported they thoroughly enjoyed. The inspector observed interactions between residents and the staff members that supported them throughout the two days. Interactions were observed to be positive and caring. Residents were observed to move freely and comfortably around their homes and one resident was seen to leave and return to their house independently to go for walks.

Overall, residents were found to be fully involved in making decisions about their care and support. Annual reviews that occurred were attended by residents and their family representatives, as appropriate. Residents were supported to identify and achieve personal and meaningful goals for the future. In addition, residents

were supported to enjoy a range of leisure and recreational activities as they chose. These included: attending shows, going to discos, playing golf, going to football games, going to music concerts and attending festivals such as car rallies and 'truck fests'. In addition, some residents had gone on a 'glamping' trip together over the Summer. Photographs of this trip demonstrated that residents enjoyed this and each other's company. These residents were reported to be great friends. Staff described about how residents attend discos together and about how they enjoyed buying new clothes and getting their hair and nails done for the social events. Photographs of this indicated residents' joy and happiness together.

Residents attended regular residents' meetings in each house, where a range of topics were discussed. This forum also allowed for a space for residents to make choices about meals, activities and to be consulted with about the house. Topics discussed included safeguarding, advocacy, human rights, fire safety and complaints. There were a range of easy-to-read documents and notices throughout the houses also to support residents in their understanding of various topics. Residents also had access to easy-to-read material that was relevant to their care. Many residents spoken with said that they were happy living in the centre and said that they felt safe there. Visitors were welcome to the centre, and each house had suitable space for residents to have visitors in private if they wished. One resident was observed receiving a visitor to their home during the inspection, which they appeared to be very happy about and they told the inspector that their family member was in the house.

Throughout the inspection, inspectors also met with a number of staff. Staff spoken with appeared knowledgeable about the needs of residents. Staff were observed to be caring and respectful in their interactions with residents and were responsive to residents' communications.

Staff had undertaken human rights training and staff spoken with said that they found it useful. One staff member was a member of the provider's human rights committee and spoke about how a human rights' forum group was going to be established in Abbey Village group homes with some residents already expressing an interest in being part of this. Through speaking with staff and residents, it was evident that a human rights based approach to care was provided. In addition, residents were supported to express dissatisfaction about the service and complaints were taken seriously. One complaint had been escalated to senior management for resolution, and it was clear that the local management team were actively following up on this. This related to transport provision. However, the documentation of this complaint required improvements to show that the person making the complaint was updated every 20 days in line with the provider's policy.

As part of this announced inspection, questionnaires were provided for residents to give feedback on the service. Fourteen questionnaires were received. Overall, feedback given was very positive on all aspects of the service including choices offered, activities, food and staff. Residents recorded the range of activities that they enjoyed which included; walking groups, reflexology, baking, cinema, meals out and one resident mentioned that they were happy with a new television that they got. One resident said that they were looking forward to renovations being

done on their home to make access around the house easier for them.

Overall, the service was found to provide good quality person-centred care to residents where individual life choices were listened to and respected. Residents appeared comfortable around staff, with each other and in their homes. Residents were observed freely moving around their homes and coming and going to various outings and activities.

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

Capacity and capability

Overall, this inspection found that the governance and management systems in place in Abbey Village group homes ensured that the service was well monitored. This helped to ensure that the care provided was to a high quality. However, some improvements were required in fire safety, documentation of aspects of complaints and premises. These will be elaborated on further in the report.

A full application to renew the registration of the centre had been submitted. This included the submission of floor plans, a statement of purpose, a residents' guide and insurance for the centre. These documents were reviewed and found to be in order.

Abbey Village group homes' local management team comprised a person in charge and a clinical nurse manager 1 (CNM1). The person in charge reported to a director of nursing (DON) who was based external to the centre. Both the person in charge and CNM1 were based in one of the houses within Abbey Village group homes. They did not have any other areas of responsibilities outside of the designated centre. The local management team were available throughout the inspection. They demonstrated very good knowledge about the individual needs of residents and it was clear that they were well known to residents.

The staffing skill mix consisted of nurses and healthcare assistants. Residents had been assessed as to their individual staffing needs, and where one-to-one support was identified, this was in place. Staffing arrangements included the provision of waking night cover in each house to support residents with their needs. There were no staff vacancies at the time of inspection and any staffing gaps as a result of leave were filled by regular agency staff. This helped to ensure that continuity of care was provided to residents.

There was a list of mandatory and site specific training for staff working in the centre. A review of the training matrix and sample of staff records demonstrated that staff had completed all of the required training. One agency staff required some mandatory training and this had been identified with dates set for this to be

completed.

Staff were facilitated to raise concerns or points for discussion through bi-monthly team meetings. Where staff could not attend the meetings, there was a sign-off sheet in place for staff to read that they reviewed the discussions. Meetings were held for each individual house that made up the centre. These meetings were found to be comprehensive and covered a range of topics including residents' individual support needs, incident reviews, human rights, health and safety, review of policies and procedures and safeguarding. Staff spoken with said that they felt well supported and could raise any concerns at any time to the members of the management team.

There were good systems in place for monitoring practices in the centre by the local management team and the provider. This included a service audit schedule to be completed at set intervals throughout the year. These audits reviewed areas such as; personal plans, medication, restrictive practices, safeguarding, health and safety, fire safety, finances and complaints. In addition, ongoing reviews of incidents that occurred was completed, with oversight by the senior management team in line with the provider's policy. For example; a recent safeguarding incident had led to a response required by senior managers and the implementation of a serious incident management team (SIMT). This had been implemented in a timely manner and actions to ensure the protection of residents were followed up and completed.

The provider ensured that six monthly unannounced audits and an annual review of the service occurred as required in the regulations. These included consultation with residents and their representatives as appropriate and identified areas for improvement. The centre had in place a quality improvement plan (QIP), which incorporated all the actions identified through the audits, risk assessments and HIQA inspections. This was kept under regular review and clearly outlined actions completed and due for completion, and by when.

Overall, inspectors found that the management team had the capacity and capability to manage the designated centre, and that they ensured that a safe and high quality service was provided to all residents.

Registration Regulation 5: Application for registration or renewal of registration

A complete application was received from the provider to apply to renew the registration of Abbey Village group homes.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual staff rota in place which reflected who was working on the days of inspection. The centre was staffed with a skill mix of nursing and health care assistants. Inspectors found that there were the numbers of staff in place to support residents with their needs.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to the appropriate training, including refresher training as part of a continuous professional development programme. The majority of staff had received mandatory training in fire safety, behaviour management, safeguarding, medicines management and infection prevention and control. One agency staff required training in behaviour management which was scheduled for the beginning of November while a further three staff required refresher training in Cardiopulmonary Resuscitation (CPR). This training had also been scheduled by the person in charge in advance of the inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was suitable insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

Overall, this inspection found that the governance and management of the centre was good, and that there were effective arrangements in place for the ongoing monitoring and oversight of systems in the centre. There was a robust governance structure in place with clear lines of accountability, clear reporting relationships and defined roles and responsibilities for the management team.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A new resident had recently been admitted to this centre. Inspectors noted that the centre's admissions process considered the wishes, needs and safety of not only the individual moving into the centre but also the safety of other residents currently living in the service. The resident was given the opportunity to visit the centre and met with staff members prior to admission to the centre.

A written contract for the provision of services was also agreed on admission and signed by the resident. The inspectors spoke with the resident who expressed that they were happy in their new home and staff informed the inspector that the resident had settled in well and was getting on with their fellow residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had been recently reviewed. This included all the information as required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications that are required to be submitted to the Chief Inspector of Social Services were completed.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which outlined information on how to make a complaint and the appeals process. Residents had access to an easy-to-read document to explain the complaints process. Complaints were found to be taken seriously and the management team had followed up to try to resolve them. However, improvements were required as follows;

- written updates for one open complaint was not in line with the time frames outlined in the provider's policy

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider had ensured that they had adopted and implemented the relevant policies and procedures as specified in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. These policies and procedures were readily available to staff within the centre. However,

- one policy ` The standard operating procedure for the management of Garda disclosures required within HSE designated residential services for older persons and people with disabilities ` had not been not reviewed in the previous three years in accordance with the regulations

The person in charge informed inspectors that there are plans in place for the policy to be reviewed in the next month at a national level.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that residents living in Abbey Village group homes were provided with person-centred care and support. There were robust systems in place to ensure that residents' care needs were regularly monitored to ensure that the best supports were provided. Some improvements were required in relation to fire safety and in the premises of one house, which would further ensure a safe service. These will be elaborated on under the specific regulations for fire and premises.

The person in charge ensured that assessments were completed of residents' health, personal and social care needs. Care and support plans were in place for any identified need; including behaviour support and communication supports. Staff were found to be knowledgeable about how to best support residents and this was observed in practice also. A new admission to the centre had been supported to transition in a planned and safe manner, with care and support plans developed within 28 days of admission.

Residents' health and wellbeing were regularly monitored. Residents were supported to access external healthcare professionals and appointments as required and in line with their individual wishes. Where residents had specific healthcare needs, they were supported to learn about this and about how to stay as healthy as possible. The provider ensured that residents had access to multidisciplinary team (MDT)

supports as required.

Inspectors found that a human rights based approach to care was provided in the centre. Residents were consulted about the centre through regular residents' meeting where 'human rights' was a regular agenda topic. It was evident through speaking with residents and through a review of documentation that residents' life choices were listened to and respected. Where restrictive practices were in use, there were clear rationales for their use and they were kept under review and regularly audited.

The protection of residents was taken seriously in the centre. Inspectors followed up on information received to the Chief Inspector during 2023 about an alleged safeguarding concern and found that the management team had responded to the concern and followed up in line with the provider's policy and procedures. Where safeguarding plans were in place, these were kept under ongoing review to ensure any risks were reduced. Staff spoken with were familiar with the actions required in safeguarding plans to ensure residents' protection. In addition, residents were supported to understand safeguarding and about how to keep themselves safe.

Overall, inspectors found that the service provided ensured that residents were safe and that their individuality and personal preferences were respected. Risks that were identified in the centre were well managed and kept under review which helped to ensure a safe service.

Regulation 11: Visits

There was a policy and procedure in place for visitors. Residents were facilitated and supported by staff to receive visitors in accordance with their wishes and without restrictions. There were also suitable communal facilities and private areas in each house where residents could receive visitors.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with care and support in accordance with their assessed needs and their individual wishes. Through discussions with residents and a review of completed questionnaires, it was evident that residents were supported to engage in a variety of interests, both in the house and in the wider community.

Activities that residents enjoyed included; gardening, reflexology, music therapy, 'chairbics', golf, baking and listening to music. Residents also took part in a range of activities in their local community such as walking groups, going to religious ceremonies, attending a slimming group, going to hair salons, going to the cinema,

going to discos, going to concerts and overnight breaks in hotels.

Judgment: Compliant

Regulation 17: Premises

Overall, the houses were found to be spacious, clean and well maintained. Each resident had their own bedroom with e-suite facilities. Each house had an area for facilitating visitors. Residents had access to cooking and laundry facilities. However, the following was found:

- one house required improvements to ensure that access to the back garden area could be achieved from the back doors by wheelchair users

The local management team were aware of this issue and were actively following up on this to get it addressed.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide in place which included all the information as required under this regulation.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a policy and procedure in place for the management of risk. There were good arrangements in place for risk management, including emergency plans in the event of adverse events. A risk register was in place for each location of the centre, which included a list of risks relevant to each house. In addition, risks that could impact individual residents had been assessed and were found to be kept under ongoing review and included control measures to mitigate identified risks.

Judgment: Compliant

Regulation 28: Fire precautions

There were arrangements in place for fire safety in the centre; including; staff training, fire containment measures, fire fighting equipment, a fire alert system and regular checks and audits on these arrangements. Residents had personal emergency evacuation plans (PEEP) in place which outlined the supports required, including where aids were required. Wheelchair users bedrooms were located nearest the side exits in one house, with aids for evacuation easily accessible. There were easy-to-read evacuation notices on display near exit points. Regular fire drills occurred to ensure that residents could be evacuated to safe locations in the event of a fire. However the following was found in one house;

- the risk of some residents not being able to be evacuated under the scenario of from the rear fire exits had not been assessed and practiced
- there was an issue with one fire door (from the visitor's room in one house) that would not close fully; this was followed up on the day by the management team with assurances given that this would be addressed later that day

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were policies and procedures in place for safe administration of medicines for both nursing staff and care staff. There were suitable arrangements in place for the ordering, receipt, safe storage, administration and recording of medicines. Arrangements included the safe disposal of unused or spoiled medicines. There were regular audits completed of medicines administration, which also included an audit by an external pharmacist. Records including the protocols for PRN (a medicine only taken as required) medicines were clearly documented and well maintained. In addition, residents had been assessed as to whether they could self-administer their own medicines and they were supported with being independent in this area if they chose to.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of need had been completed for all residents. These had been reviewed within the last 12 months. Each resident also had a personal plan in place. The person in charge ensured that a personal plan had been prepared for the resident who had recently been admitted to the centre within 28 days. Residents were supported to identify and achieve personal goals and inspectors saw evidence of this in residents' individual files. Residents had accessible personal plans

in place, which some residents proudly showed to inspectors.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. This was done through timely access to allied healthcare professionals, multidisciplinary supports being provided and easy-to-read information provided to residents about how to look after and optimise their health and wellbeing.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff received training in behaviour management and were knowledgeable about supports that individual residents required. Residents who required supports with behaviour management had positive behaviour support plans in place. It was clear through a review of incidents and care plans that every effort was made to alleviate the causes of behaviours and stress experienced by residents. The development and reviews of behaviour support plans included MDT input.

Restrictive practices that were in use in the centre were kept under ongoing review, with audits completed on the frequency of their use. Residents were consulted about restrictive practices in place that affected them. There were clear rationales for the use of restrictions which included assessment of risks. There were protocols in place to guide staff in their use to ensure that they were the least restrictive options. For one intervention, it was not clear on the documentation how this had been reviewed to be the least restrictive option; however on discussion with the staff they demonstrated that this had been reviewed and was deemed appropriate at this time in line with the known risks. The staff addressed the documentation gap on the day of inspection.

Judgment: Compliant

Regulation 8: Protection

Staff undertook training in safeguarding and Children First. Where safeguarding concerns arose, these were followed up in line with the safeguarding procedures and safeguarding plans were developed, as required. These were kept under

ongoing review and noted to be discussed at team meetings. Staff spoken with were aware of how to protect residents as outlined in safeguarding plans.

In addition, residents were supported to understand protection and safeguarding, with one resident being supported to attend a training module on safeguarding. Inspectors were informed that this may be rolled out to other residents in time.

Judgment: Compliant

Regulation 9: Residents' rights

The culture of this centre ensured that the rights of residents were promoted and protected. It was clear that residents were provided with person-centred care and support and were supported to make choices in their lives. Staff spoke about setting up a human rights' forum within the centre, of which a resident committee would be established. Regular resident meetings took place which supported residents to plan meals and choose activities. These house meetings also covered residents' rights. Residents also had access to independent advocacy services, as required.

The provider ensured that residents' civil, political and religious rights were supported and that residents had freedom to exercise choice and control in their daily lives. For example; it was evident that residents' religious preferences were respected and that they were supported to practice their faith by attending religious ceremonies.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbey Village Group Homes OSV-0005250

Inspection ID: MON-0031936

Date of inspection: 12/10/2023 and 13/10/2023

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>To ensure compliance with regulation 34: Complaints Procedure: the following action has been undertaken</p> <ul style="list-style-type: none"> - The PIC has reviewed the open complaint in the centre in line with the policy and will continue to do so until the complaint is closed to the complainant satisfaction. <p>Completion dates: 16-10-2023.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>To ensure compliance with regulation 4: Written Policies and Procedures : the following action will be undertaken</p> <ul style="list-style-type: none"> - The Standard Operating Procedure for the Management of Garda Disclosures required within HSE designated Residential Services for older persons and people with disability is currently under review with the National QI office. Completion date: 31/03/24 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance with regulation 17: Premises: the following actions have been undertaken</p> <ul style="list-style-type: none"> - The Occupational Therapist has submitted a recommendation to the PIC for a ramp to be installed at the back of No. 19 Abbey Village to allow residents to access the back garden. - Funding has been approved for the works to be completed and a local construction company has been identified to complete the works. Completion date: 22-11-2023. - Awaiting correspondence from the construction company on a start date for the work. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: To ensure compliance with regulation 28: Fire Precautions : the following actions have been undertaken</p> <ul style="list-style-type: none"> - The PIC has updated the fire risk assessment to reflect the measures in place in the event where residents has to evacuate the house from rear fire exits. Completion Date: 17-10-2023 - A Fire drill has been completed with the residents using the rear fire exits in the house. Completion date: 08-11-2023 - Maintenance work has been completed on a fire door on the visitor's room and the door is now closing properly. Completion date: 12-10-2023. 	

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(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	31/01/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	17/10/2023
Regulation 28(3)(d)	The registered provider shall make adequate	Substantially Compliant	Yellow	08/11/2023

	arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: all complaints are appropriately responded to.	Substantially Compliant	Yellow	16/10/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/03/2024