



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

Issued by the Chief Inspector

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| Name of designated centre: | Abbey Village Group Homes |
| Name of provider: | Health Service Executive |
| Address of centre: | Donegal |
| Type of inspection: | Unannounced |
| Date of inspection: | 15 April 2025 |
| Centre ID: | OSV-0005250 |
| Fieldwork ID: | MON-0046393 |

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 15 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 full lives 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.

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| Number of residents on the date of inspection: | 14 |
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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 15 April 2025 | 14:00hrs to 18:30hrs | Angela McCormack | Lead |
| Wednesday 16 April 2025 | 09:50hrs to 14:55hrs | Angela McCormack | Lead |
| Tuesday 15 April 2025 | 14:00hrs to 18:30hrs | Úna McDermott | Support |
| Wednesday 16 April 2025 | 09:50hrs to 14:55hrs | Úna McDermott | Support |

What residents told us and what inspectors observed

This inspection was an unannounced inspection which focused on safeguarding. The Chief Inspector of Social Services issued a regulatory notice to providers in June 2024 outlining a plan to launch a regulatory adult safeguarding programme for inspections of designated centres. This inspection was completed as part of this programme.

Overall, inspectors found that residents living in Abbey Village Group Homes were receiving a person-centred service. Residents' rights and choices about how they lived their lives were found to be respected. However, inspectors found that the provider's visit reports contained details that could potentially identify residents and their private and sensitive information. This had the potential to impact on residents' right to privacy and the protection of their personal information. This will be elaborated on under Regulation 9: Residents' rights. Improvements to the oversight of complaints were also required in order to ensure that all protection concerns are notified to the Chief Inspector.

The centre comprised three houses, each with the capacity to accommodate five residents. There was one vacancy at the time of inspection. The inspection was carried out over two half days; one afternoon and the following morning. Inspectors provided the centre with a document called 'Nice to meet you' that inspectors use to try to help to explain to residents about their visit. Inspectors got the opportunity to meet with, and observe, all fourteen residents living in the centre.

From a walk around of the centre, each house was observed to be clean, well maintained and suitable to meet the needs of residents. Residents had individually decorated and spacious bedrooms which had suitable arrangements for the storage of personal property. Residents also had en-suite bathrooms. This meant that all residents had access to a private space and also their own private bathrooms.

Some residents spent time speaking with inspectors on their own. Others were supported by staff or were happy to talk in a group setting with other residents. Residents spoken with, said that they felt safe living in the centre and that they liked their homes. One resident spoke about how another resident sometimes annoyed them. They said that they can go to their room to relax when that happens. Other residents were seen to get on well together. Inspectors observed a warm and jovial atmosphere in the houses, with residents and staff interacting together in a respectful manner.

Two residents appeared proud to show inspectors around their home. Residents pointed out notices on display, and showed various rooms and described their purpose. Inspectors observed easy-to-read notices and art work throughout the home. In the hallway there was a wall decorated with a mural of a tree, which artistically reflected principles of human rights such as 'choices', 'dignity' and 'respect'. One resident, when asked about this, said that staff treat them with

dignity and respect. They said that they could make choices in their life and that staff supported them with this and with achieving their personal goals. They spoke about their 'key-worker', who was a named staff member to support them with plans. They described about how their key-worker supported them in doing things they wanted to do. They introduced the inspector to their key-worker and they were observed chatting together about the plans.

Residents were consulted about the centre through weekly residents' meetings. Where residents declined to participate, they were consulted on a one-to-one basis so that their views could be established. Residents spoke about how they were involved in their home, with one resident saying they went with staff to get new tyres on the bus that morning. One resident was observed delivering post to some of the other houses within the centre. From observations, it appeared that this was a role that they valued and were valued for.

Residents were supported to lead meaningful and fulfilling lives in line with their choices. Some residents attended an external day service. Others chose to do activities from their home or attended a day service for particular sessions. Inspectors observed residents coming and going to their homes throughout the inspection. Residents were also observed relaxing in their homes, playing cards with staff, doing art and watching television. Inspectors observed warm and caring interactions between staff and residents.

Inspectors spoke about safeguarding arrangements with six staff members throughout the inspection. Staff were knowledgeable about individual residents' behaviours that may impact on others, and about how to promote a safe service for all. Staff were aware of the reporting procedures for allegations of abuse. There were notices observed throughout the homes outlining this procedure and details of the designated officers for safeguarding. Staff members had access to the provider's policies and procedures which were available in each house.

Overall, inspectors found that Abbey Village Group Homes provided person-centred care and support, and that the training and supports given to staff promoted a rights- based culture.

Capacity and capability

Inspectors found that Abbey Village Group Homes had good arrangements for the management and monitoring of the service provided. However, improvements were required in ensuring that all residents' personal information was fully protected and that concerns of a safeguarding nature were notified to the Chief Inspector in line with the regulations.

There was a clear governance structure with defined roles and responsibilities for the management team. Residents were safeguarded through consistent care and support which was provided by a skilled and knowledgeable staff team. This had a

positive impact of the lived experiences of residents.

There were a range of policies and procedures in place to promote residents' safety and protection. These policies were found to be kept under review by the provider. Meetings that were held, including local and middle management, all reviewed safeguarding. This ensured good oversight and monitoring of trends of concern.

Regulation 16: Training and staff development

Inspectors reviewed the centre's current training matrix. Inspectors found that all staff working in the centre, including the agency staff, had completed training in safeguarding. In addition, staff had undertaken other modules that promote human rights. This showed that the provider was committed to ensuring staff had the skills, competencies and knowledge to safeguard residents and their rights.

Staff spoken with were found to be knowledgeable about safeguarding measures and about how to report concerns. Members of the local management team were trained designated officers (DO) who were responsible for reporting concerns to the external safeguarding and protection team in line with national policy. When asked by inspectors who would screen any concerns relating to the management team in order to ensure objectivity, inspectors were informed (and observed on notices in the centre) there were two other DOs.

Inspectors reviewed the template for induction for new staff and found that it included information about safeguarding and supports with behaviour, including the policies and procedures related to this.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the management team had the capacity and capability to manage the centre. However, the monitoring of concerns, particularly as to whether they require a notification to be submitted in line with regulation, required improvements. For example; when reviewing the complaints log for the centre, inspectors found that one complaint which contained protection concerns about a resident was not notified to the Chief Inspector in line with the regulations. This complaint was received to the centre in April 2024 and included allegations about one resident's protection.

In addition, an inspector reviewed the supporting documentation for an issue arising at a second house. This found that while the provider took appropriate action, a complaint was not documented. On further review, the inspector found that this was the will and preference of the resident. The documentation of this would provide

additional clarity.

Despite that, inspectors found that a thorough and comprehensive investigation was completed and ensured that the resident was protected, consulted with, and that their will and preferences were respected.

Inspectors reviewed the auditing systems, which included an annual schedule of audits. These audits covered areas such as; residents' personal plans, complaints, safeguarding and finances. Inspectors reviewed the schedule for 2025 and the audits that were completed to date. Audits were completed in line with the provider's schedule and were, for the most part, effective in identifying actions for improvement.

Inspectors reviewed various meeting records from January 2025 to March 2025, including person in charge meetings, staff team meetings and one-to-one meetings between the person in charge and the assistant director of nursing. The local management team spoke about the benefit of the person in charge meetings, which allowed them the opportunity to learn from others and to identify trends in incidents across the provider.

These meeting notes showed that reviews of safeguarding incidents and safeguarding plans took place at each meeting. In addition, restrictive practices were reviewed and discussed at some of these meetings. For example, inspectors reviewed the staff meeting notes from 12 February 2025 where restrictive practices, including the administration of PRN (only taken as required) medicines, was reviewed by the staff team. This demonstrated that the culture in the centre was one of openness and focused on safe and rights based care.

Judgment: Substantially compliant

Quality and safety

Inspectors found that residents received person-centred care and support. However, on review of the provider reports that can be made available to residents and their representatives, inspectors observed information included that could potentially impact residents' right to privacy.

Residents' wellbeing, including safety and protection, was monitored through the procedures that the provider had in place for auditing and reviewing care plans. This meant that any change in residents' presentation could be identified and promptly responded to. This promoted a holistic approach to care that promoted residents' safety and wellbeing.

The provider ensured that multidisciplinary team (MDT) support was available to residents where this was required. Regular MDT meetings occurred where there were risks of a safeguarding nature affecting residents. A partnership approach was

evident between residents, their representatives and the MDT. Residents were empowered to make choices in their lives and were provided with information in a manner that supported their communication and understanding.

The centre had a culture of openness about safeguarding. This was evident through reviews of the staff meetings and residents' meetings which included safeguarding and human rights as topics for discussion.

In summary, inspectors found that the service provided was person-centred and the practices in place ensured a holistic approach to safeguarding which was balanced with each person's human rights and informed by their positive behaviours support and risk management plans.

Regulation 10: Communication

Inspectors reviewed five care plans. Residents who required supports with communication had comprehensive support plans in place. Residents communicated in a variety of ways, including verbal, Lámh signs, picture board, objects of reference and the use of visual schedules. Inspectors observed residents communicating in their preferred communication methods. Staff were observed to be knowledgeable and proficient in communicating with residents and did so in a caring and respectful manner.

Residents had access to MDT supports also, to further support them in communicating their will and preferences.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors reviewed a sample of five residents' personal plans and assessments of needs across the three houses. This included the resident who was the most recent admission to the centre. These plans were found to be comprehensive and regularly monitored for any changes in need.

Care and support plans were developed where the need was identified. Inspectors reviewed the care and support plans and person-centred plans for five residents. These showed how residents were supported to make choices in their lives and to set personal goals for their future. In addition, the plans reviewed showed how residents' individuality and uniqueness were valued and supported, where residents were facilitated to undertake activities that were meaningful to them.

A collaborative and human rights based approach was evident through the personal plans. Residents and their representatives were found to be involved in annual

review meetings where care and support were reviewed. In addition, where residents required support from members of the MDT, this was available.

Inspectors were told, and observed in meeting notes, that regular MDT meetings occurred for some residents who required supports with protection. For example, in one house where there were seven notifications to the Chief Inspector regarding protection issues between residents since January 2025, MDT were involved in weekly meetings to review behaviour supports. These reviews included about how residents could be further protected from potential negative interactions. An action agreed involved providing a more structured day outside the home for one resident, which was reported to be going well. Inspectors observed and spoke to the resident about this and they appeared to be happy with the arrangement.

In a second house, through a review of a resident's person-centred plan, the inspector found evidence that a resident was aware of the content of their plan and were involved in decisions made relating to their care. When asked, the resident told the inspector that they had a period of ill health in the past. They said that the plans in place supported them to remain in good health. A review of the documentation completed by the inspector found that this resident had a strong circle of support in place which included a named nurse, keyworker, social worker and other bespoke supports relevant to their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors reviewed the policies and procedures that the provider had for behaviour management and for restrictive practices. Inspectors reviewed five behaviour support plans. All plans were found to be up-to-date, regularly reviewed and included input from the relevant MDT. Inspectors reviewed four annual review meetings and found that behaviour supports were reviewed with residents and their representatives at these meetings. This demonstrated a person-centred and collaborative approach to care and support.

Inspectors found through the review of these plans and discussions with staff, that the causes of behaviours were reviewed as to whether they were linked to physical health. For example, staff were found to have a sound knowledge about how to support a resident with significant behaviour risks. There was evidence that they understood their assessed medical needs and how behavioural concerns could increase depending on how they were feeling. A tracking and tracing exercise provided evidence for this. This was then used to advocate with the resident in order to inform a change in the clinical management of a medical condition, which prior to this, was not considered appropriate for a resident with an intellectual disability. Combined with an education programme for the resident, the outcome was that there was a decrease in behaviours of concern and improvement in the

resident's overall wellbeing.

The provider had a restrictive practice committee in place, and one of the staff nurses in Abbey Village was part of this committee. Their role was to review restrictions placed on residents' lives. Inspectors reviewed restrictive practices placed on three residents and found that these were under regular review to ensure that they were the least restrictive measure for the shortest duration. The risks of not using the restrictions were considered as part of this review, as well as how they infringed on residents' rights. The provider also had a human rights committee in place. Inspectors were told, and also reviewed the associated documentation, that one resident's restriction that was assessed as required for health and hygiene risks, was being used as part of a pilot exercise by this committee in further exploring rights restrictions. This demonstrated how the provider strived to be proportionate and to achieve a balance between residents' rights and the risk of harm.

Judgment: Compliant

Regulation 8: Protection

Inspectors reviewed the policies and procedures that the provider had in place for safeguarding vulnerable adults and for the provision of intimate and personal care. Inspectors were informed that the provider was working off the national policy for safeguarding, as following a review the provider's policy required updating. These policies and procedures were available to staff in the centre.

Inspectors observed posters and notices on display throughout the centre outlining the process for reporting incidents of a safeguarding nature. Inspectors spoke with six staff members about safeguarding arrangements during the inspection. Staff members were found to be knowledgeable about the procedures to be followed in the event of a protection concern.

Inspectors saw easy-to-read material that was available for residents about how to self-protect. Residents spoken with said that they felt safe. One resident said that staff treat them with dignity and respect. Another resident said that a fellow house mate gets on their nerves; however they mentioned about what they do when this happens, which included going to their bedroom to watch television. They confirmed that while this resident annoys them at times through particular behaviours, they do not directly do anything to them.

Inspectors reviewed the safeguarding folder maintained in the centre. Records showed that safeguarding concerns that occurred between residents since January 2025, had been reported and investigated in line with the safeguarding procedures. The associated safeguarding plans that were in place were kept under ongoing review. Staff spoken with were aware of the content of the plans and about about how to protect residents affected. These arrangements were observed by inspectors to be implemented. These included supporting residents who were affected to do

separate activities, and ensuring the staffing levels supported this. This meant that incidents between residents were reduced and residents were protected by reducing opportunities for negative interactions to occur between them.

During 2024, the Chief Inspector received unsolicited information relating to concerns about the management of residents' finances and supports with physical health. A provider assurance report (PAR) was sought by the inspector at the time. This provided assurances that the provider was reviewing their arrangements and implementing systems to protect residents. This was reviewed as part of this inspection where inspectors saw that the provider's policy and procedures had been updated, as they had outlined in the PAR response.

Inspectors were told that the provider received a complaint in April 2024 regarding the management of a resident's finances and supports with health and wellbeing. Inspectors reviewed documentation relating to this complaint and found that a thorough investigation was completed. It was evident through the documentation reviewed and through speaking with the resident affected that they were kept fully informed about the complaint. It was clear that their views on the matter, and supports provided, were sought and respected. However, while a thorough investigation was completed by the management team, the person in charge failed to notify the Chief Inspector of the allegations that were included in the complaint which included concerns of a safeguarding nature. Inspectors were told, and also observed records, that the person in charge had consulted the safeguarding and protection team about this, where the issue was screened over the telephone; thereby causing an oversight in the submission of a notification. Improvements in the oversight of protection issues, to ensure that notifications were submitted to the Chief Inspector were required. This is covered under Regulation 23: governance and management.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors reviewed the three provider visit reports from April 2023 to November 2024 and found that the manner in which they were written could potentially identify residents. Furthermore, the reports could unintentionally compromise personal and sensitive information about residents. This included personal information about residents' behaviours, risks and medication. The regulations require that provider reports be made available to residents and their representatives. The local management team told inspectors that these reports had not yet been shared, and agreed to redact the potentially identifiable and personal information before the reports were made available to others. However, the oversight by all levels of management, of information that is included in reports for families and residents, required improvements to ensure that residents' personal information is protected at all times.

Notwithstanding that, within the centre inspectors observed that residents were treated in a respectful manner and that their unique personalities and life choices were respected. All fourteen residents were met with by inspectors. Some residents spent time talking with inspectors, while other residents communicated in ways other than verbal means. Residents talked about how they liked to spend their time and about the choices they make in their day-to-day lives. Three person-centred plans (PCP) were reviewed, and demonstrated that residents' individual preferences were respected. Inspectors reviewed residents' meetings since March 2025. These showed that residents were consulted about the centre. Observations by inspectors were that residents were consulted about their day, could freely move around their home and that they were treated in a caring and respectful manner by staff.

Residents had access to advocacy, or were offered the services of an independent advocate. Through documentation reviewed relating to the management of a complaint as referenced above, inspectors saw that an empowerment piece of work was completed by a member of the MDT with one resident around their right to make choices in their life. This meant the resident was empowered to make decisions in their life, and that they were given the confidence to make sure they were treated in a fair and equal manner.

Judgment: Substantially 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 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Abbey Village Group Homes OSV-0005250

Inspection ID: MON-0046393

Date of inspection: 16/04/2025

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 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance with regulation 23: Governance & management: the following action has been undertaken | |
| <ul style="list-style-type: none">• The CNM2/PIC will complete a retrospective NF06 notification to HIQA in respect of one complaint that was received in the centre via Your Service Your Say in April 2024. Completion date: 06-06-2025.• The Director of Nursing will share the learning from this inspection in relation to the requirement to submit this type of notification at the next Senior Management Governance meeting scheduled for 24-06-2025 | |
| Regulation 9: Residents' rights | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure compliance with regulation 9: Residents Rights: the following action will be undertaken | |
| <ul style="list-style-type: none">• The Director of Nursing will redact the potentially identifiable and personal information on the six monthly Provider Nominee visits to the centre from April 2023 until November 2024 before the reports are made available to others. Completion date: 12-06-2025• The Director of Nursing will share the learning from the above action at the next Senior Management Governance meeting scheduled for 24-06-2025 to minimize the likely hood of this reoccurring. | |

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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 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. | Substantially Compliant | Yellow | 06/06/2025 |
| Regulation 09(3) | The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal | Substantially Compliant | Yellow | 12/06/2025 |

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