



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

Issued by the Chief Inspector

Name of designated centre:	The Abbey
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	22 November 2023
Centre ID:	OSV-0005444
Fieldwork ID:	MON-0037896

About the designated centre

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

The designated centre provides a full-time residential service to individuals who require support with their mental health, a diagnosis of autistic spectrum disorder, an intellectual disability or an acquired brain injury. This service can accommodate both male and female residents from the age of 18 upwards. On the day of inspection, four male residents resided in the service. The centre consists of a detached, two storey house, located in a rural setting. The house has been sub-divided into three dwelling areas. The ground floor of the house has a living room, sun room, dining room and kitchen / utility room and a staff office. Two residents reside on the ground floor in separate living areas where they each have a separate bedroom and living / kitchen area with adjacent bathroom and en-suite facilities. Two residents have separate bedrooms and en-suites, on the first floor. The first floor also accommodates a living room that can be used as a staff sleepover room at night. Gardens located to the front and rear of the house are well maintained, with mature planting. During the day, service users engage in personalised programmes and they can avail of training opportunities. These are delivered through an individualised day and community outreach service, as well as access to a day service, run by the provider, in another location. The staff team includes assistant support workers and social care workers, led by a deputy person in charge and a person in charge. Residents have access to multidisciplinary professionals, either through the health service executive or professionals employed by the registered provider.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 22 November 2023	09:35hrs to 17:05hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's compliance with the regulations. In addition, to ensuring residents were being supported to have a good quality of life in a safe environment while being supported as per their assessed needs. The designated centre is made up of one detached two story house in a rural setting. The building is sub-divided into three areas. The largest area consists of two residents bedrooms, a staff sleepover room and living room, utility, kitchen dining room, sun room, sitting room, bathroom and office. The remainder of the bungalow is sub-divided into two individualised one bedroom apartment areas, both are linked to main house with a connecting internal door and both have separate exits to the garden area.

On arrival the inspector was greeted by the person in charge who was on duty the morning of the inspection. On entering the designated centre all residents were in their bedrooms or being supported by staff for the day ahead. The inspector met some staff members who were preparing also for the day ahead to support the residents of the centre. The inspector spoke to the person in charge regarding the centre and the current residents in the centre and then was provided with a tour of the centre.

The centre had four residents living there on the day of the inspection, the inspector had the opportunity to meet three residents. One resident greeted the inspector and briefly interacted with them, this choice was respected. The resident appeared happy. The inspector asked the resident if they were happy in their home which they replied very. Another resident came to meet the inspector. They told the inspector it had been their birthday recently and had a good day with a party and had purchased a new suit which they were very happy about. The resident spoke about their love of transport vehicles and a trip which they were planning. The resident spoke about the household jobs they completed daily and they appeared very proud of this. They informed the inspector they were very happy living in the centre and enjoyed the staff also. A third resident was briefly met with when the inspector visited their apartment. the resident appeared comfortable and relaxed listening to music. The resident requested the inspector to leave and this was respected.

The inspector did not get to meet the fourth resident living in this designated centre. The resident lived in one of the apartment areas of the house. The inspector had the opportunity to view the apartment area which was facilitated by the person in charge. The apartment was seen to be clean and well maintained and decorated to meet the assessed needs of the resident living there. The resident in this apartment had access to an enclosed garden area which included a sensory wall and a raised herb bed that the resident would enjoy. The inspector was informed that the resident was supported by familiar staff to enjoy a flexible day service routine from the designated centre as per their wishes. They had access to transport and had left the house shortly after the inspector arrived. The resident did return during the day

but had gone out again in the afternoon before the inspector could meet them.

The person in charge and staff spoken to outlined to the inspector the positive impact a bespoke day service being provided to the residents of the designated centre had. Residents were supported with various activities and which also included development of daily living skills such as cooking, household tasks and using banking facilities and well as promoting personal choice on a daily basis. Some residents had access to a day service which was run by the provider, the resident's were supported when they choose to access the service. The inspector spoke to a number of staff on duty during the inspection. All were very familiar with the assessed needs of the residents. Staff were observed and overheard throughout the inspection to respond in a respectful manner to the residents. Staff were also seen to promote and support the wishes of the residents. For example, when speaking to one resident they had started making a list of items and activities they would need for a trip they had expressed to go on and staff were supporting to put these plans into place. Another staff spoken to explained the food preferences of a resident.

In summary, the findings of this inspection found that residents were supported to have a good quality of life, with person centred care and support provided by a dedicated staff team.

The next two sections of the report present the finding of the inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The registered provider and person in charge demonstrated the capacity and capability to deliver a person-centred service to the residents living in the designated centre. Management systems were seen to be in place in this centre that provided for a high quality, responsive and person centred service to the residents living there. A clear management structure was in place for the centre. The centre had completed an annual review for 2023, along with six-monthly unannounced visits of the centre. Where identified areas for improvement were recognised by the provider an improvement plan was in place. This was seen to have actions and time lines in place and is monitored by the person in charge.

The designated centre was managed by a suitably qualified and experienced full-time person in charge, who had the support of a deputy person in charge. The person in charge reported directly to the director of operations allocated to the centre. On the day of the inspection the person in charge was reporting to a deputy director of services which was in place. There were suitable arrangements in place for the oversight and management of the centre. The person in charge had systems in place to monitor the quality and safety of the service delivered to residents. This included weekly monitoring tools to review aspects of the centre, for example

incidents and accidents, notifications, complaints and staffing levels. Areas also monitored regularly by the person in charge included handover reports, residents personal plans and health and safety. This monitoring tool was then used to highlight areas which required review and action.

The inspector reviewed the staffing arrangements and found that they ensured the residents were supported by staff with the appropriate skills and experience. There was a regular and familiar staff team in place that ensured the continuity of care for the residents. There was a planned and actual roster maintained that accurately reflected staffing arrangements in the centre. Staff spoken with had an excellent knowledge of the care and support for the residents and were very person centred in their approach.

The inspector reviewed the staff training matrix and saw that all staff mandatory training was up-to-date. All staff had completed training in human rights. Staff were in receipt of regular supervision to support them to carry out their roles and responsibilities to the best of their abilities. The frequency of this supervision was in line with the provider's policy.

During the course of the inspection, the inspector viewed a record of incidents in the centre and it was seen that the person in charge had notified the Office of the Chief Inspector of all notifiable incidents that occurred in the designated centre as required.

The designated centre had a complaints log in place and this was reviewed by the inspector. Residents regularly discussed complaints at individual monthly residents meetings. An easy-to-read complaints procedure was available for all residents. The complaints officer was on display in the centre. Residents were supported to make complaints if desired and actions were recorded. An appeals process was also available.

However, from the complaints records reviewed it was seen the complainant's satisfaction with the outcome of a complaint was not accurately recorded. For example, one complaint recorded complaint was happy with the outcome, whereas the following complaint had recorded person in charge to follow up with complainant to offer reassurance but did not recorded if the complainant was satisfied with this.

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

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents. Staffing levels were seen to be as stated in the centres statement of purpose. Staffing levels were appropriate to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were viewed and these showed that staff training had been completed in a number of areas including fire safety and safeguarding of vulnerable adults. The person in charge maintained good oversight of the training needs of the staff and staff had access to refresher training as required. Arrangements were in place for staff to take part in formal supervision.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems in place were ensuring that a good quality and safe service was being provided to residents. A governance structure was in place. The centre was adequately resourced and there was appropriate auditing and oversight systems in place to ensure a safe and consistent service. An annual review for 2023 had been completed in respect of the centre and included consultation with residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose and function is a governance document that outlines the service to be provided in the designated centre. The statement of purpose reviewed on the day of the inspection was found to accurately describe the services provided in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all notifications were submitted in writing to the Chief Inspector, including quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place, with an easy-to-read format available for residents to refer to if required. The complaints officer was on display in the designated centre. Residents were supported to make complaints if desired and actions were recorded. An appeals process was also available. However, from the complaints records reviewed it was seen the complainant's satisfaction with the outcome of a complaint was not clearly recorded. For example, one complaint recorded complainant was happy with the outcome, whereas the following complaint had recorded person in charge to follow up with complainant to off reassurance but did not recorded if the complainant was satisfied with this. The centre had no open complaints on the day of the inspection

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the residents were in receipt of a good standard of

care and support in the centre. They lived in a warm and comfortable home. They were being supported to be active participants in their home and their local community. Care and supports were delivered through a person-centred approach. The residents were very much involved in the day-to-day running of their home. Individual residents' meetings were occurring regularly and agenda items included areas such as, safeguarding, complaints, menu planning and activity planning. Residents were also supported with monthly key worker meeting, along with weekly happiness surveys to ensure resident's were happy in their home and the services they were being provided with.

The inspector found that the assessments of the resident's health and social care needs were completed to a good standard and were effective in meeting the needs of the residents and ensured that the health and well being of the residents was promoted in the centre. The residents' had a comprehensive personal plans in place and as mentioned were supported with monthly key worker meeting and annual person centre planning meetings. Personal plans were reviewed regularly to ensure they reflected the current needs and wishes of the individual being supported.

These plans also included the health care support for the residents. Clear individualised health care support plans were in place for each identified need for each resident. These had clear guidance for staff to provide a consistent approach with the best possible outcome for each resident. Each resident had access to a GP and other allied health professionals as required.

The staff team supported the resident to set and achieve specific goals, these goals and activities are developed in line with the resident personal choice. Some of these goals included developing communication skills, planning day trips or overnight trips and recommencing or increased attendance of day services.

The centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Fire safety systems were being serviced at regular intervals by an external contractor to ensure they were in proper working order. Fire drills were being carried out regularly, including a minimal staffing drill in the past 12 months. However, this required further review to ensure a stimulated night-time condition fire drill was completed in the centre. On the day of the inspection from the fire drill records reviewed, no night-time stimulated drill was recorded for the centre for all residents in the previous 12 months, this was also not in line with the providers own policy. All staff had undergone relevant fire safety training. The residents also had a personal emergency evacuation plan (PEEP) in place.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There was a risk register in place that identified specific risks for the designated centre, such as, fire, slips, trips, falls and risks associated with potential infection. Control measures were in place to guide staff on how to reduce these risks and to maintain safety for residents, staff and visitors. Individualised specific risk assessments were also in place for each resident. It was seen by the inspector that these risk assessments were regularly reviewed and gave

clear guidance to staff on how best to manage identified risks.

There were restrictions in place in this centre. The registered provider had ensured that where a restrictive practice was in place it was utilised for the shortest duration required and the least restrictive manner. A restrictive practice log was in place for the centre and this clearly identified the restrictions in place for each resident. This log was seen to be reviewed regularly by the person in charge and behavioural specialist.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their assessed needs and wishes. The staff team had ensured effective communication was maintained with family and family had complimented the service on this. Residents were supported and encouraged to develop their communication skills, for example one resident was being supported with a word of the month by the staff and this had increased the resident's verbal skills. Residents had a clear communication passport in place.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in meaningful activities regularly both in the designated centre and in the community. Daily routines were flexible for the resident's in-line with their assessed needs. On the day of the inspection residents were seen to go out for drives in local areas of the community that they enjoyed to see, to visit a local town and go to shops, while also supported by staff to cook their own meals.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured the design and layout of the designated centre met the assessed needs of the residents. The premises provided for residents to live in was seen to be clean, homely and well furnished.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre had identified a risk register for the centre and individual risks for the residents in the centre. Both the risk register and individual risks were seen to be reviewed regularly and were up to date. Controls were in place to migrate any of the identified risks.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety, including fire alarms, emergency lighting and fire equipment. Each resident had a PEEP in place and were seen to be reviewed regularly. The centre had completed regular fire drills, including a minimal staffing drill in the past 12 months. However, this required further review to ensure a stimulated night-time fire drill was completed in the centre, this was not in line with providers own policy. On the day of the inspection from the fire drill records reviewed, no night-time stimulated drill was recorded for the centre for all residents in the previous 12 months.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A sample of the residents' personal plans were viewed. The documentation in place showed that a comprehensive assessment of the residents had taken place and residents were involved in annual person centred planning meetings. Appropriate goals were clearly identified in these plans and there was clear evidence of progression, completion and ongoing review of goals. Goals in place were

meaningful and in line with residents' expressed wishes.

Judgment: Compliant

Regulation 6: Health care

Overall, residents in this centre were offered good health care supports. Health care records viewed showed that residents had access to a general practitioner on a regular basis or as required. Residents had access to various allied health professionals including mental health supports, occupational therapy and speech and language therapy. Clear individualised health care support plans were in place for each identified need for each resident which clearly guided staff to support residents as per their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a number restrictions in place in this centre. These were seen to be in place in order to assure adequate health and safety measures were in place to support the residents. The documentation viewed showed that these were reviewed regularly and considered efforts during reviews to reduce the restrictions in place and only to use them when required for the least amount of time. Comprehensive behaviour support guidelines and plans were in place for residents who required this support. These documents clearly guided staff to support residents when required. Where residents engaged in behaviours that might be harmful to themselves or others, these incidents were reviewed and action taken to reduce or prevent re-occurrence if possible.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents. All staff were familiar with the safeguarding plans that were in place which were subject to regular review.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy and dignity was respected at all times. The inspector seen staff knocking on the doors of the apartment areas before entering throughout the inspection. Residents were supported to engage in meaningful activities to them in the centre or out in the community, such as drives to requested areas, art and crafts and visiting local shops.

Residents meeting took place regularly with each resident, along with monthly key worker meetings and weekly happiness meetings to ensure residents were happy in their home and the services they were being provided with. During these meetings goals, activities, meal options were all discussed. Easy-to-read information was also available and discussed at these meetings. This included safeguarding and complaints process. These meetings also included staff provided educational supports to residents regarding rights and the Freda principles. The centre's annual review was in an accessible format and the 2023 annual review had been discussed with residents.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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 The Abbey OSV-0005444

Inspection ID: MON-0037896

Date of inspection: 22/11/2023

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> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) shall ensure that the Designated Centre specific record of complaints is reviewed and updated in line with [PL-OPS-002] Policy and Procedure on Comments, Compliments & Complaints. 2. The PIC will ensure that the Designated Centre specific record of complaints is maintained where required and reflects the details of any investigation into a complaint, outcome of a complaint, actions identified from complaint and details of outcome delivery with complainant. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) will ensure that where a simulated night-time fire evacuation drill occurs in the Designated Centre the details of same is clearly outlined on Fire Evacuation Drill Log, this shall include details of Individuals whereabouts in the Designated Centre, compliance and the escape routes used. <p>Note: The Person in Charge ensured the night-time simulated Fire Evacuation Drill was completed on 06 December 2023 as matter of priority and will occur annually thereafter.</p>	

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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	06/12/2023
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/12/2023

