



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

Issued by the Chief Inspector

Name of designated centre:	Abbeydeale Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	18 June 2021
Centre ID:	OSV-0003918
Fieldwork ID:	MON-0032547

About the designated centre

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

Abbeydeale Residential Service is a centre run by Western Care Association and is located in a town in Co. Mayo. The centre provides residential care for up to seven male and female residents, who are over the age of 18 years and have an intellectual disability. The centre comprises of three premises located within close proximity to each other, where residents have access to their own bedroom, some en-suite facilities, shared bathrooms, shared communal areas and external garden spaces. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 - 2015 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
Friday 18 June 2021	10:30hrs to 16:00hrs	Thelma O'Neill	Lead

What residents told us and what inspectors observed

Due to the COVID-19 pandemic, the inspector only visited one house and met three residents and two staff working in that house. The inspector adhered to public health guidance in relation to face masks and physical distancing. The residents told the inspector they were all happy living in the centre and spoke about the activities in the house that they were involved in such as knitting and sewing and one resident showed the inspector their bedroom and the medals they had achieved in the special Olympics and trips to Lourdes in France.

Staff told the inspector that residents liked to play radio bingo and play cards with staff. They also liked going for walks and drives to the beach and one resident liked to visit her parent in the local nursing home. Another resident liked to have beauty therapy, and in particular massage but this had not occurred recently due to the COVID-19 restrictions. Other resident said they liked to help with the food shopping and going to town for smoothies. They were well known in town and helped out in the tidy towns initiative. The resident also told the inspector that he liked baking and making cakes. All of the residents said they wished COVID-19 would go away as it has limited their access to the community, and visiting friends and family.

Capacity and capability

This inspection was a monitoring inspection to inform a registration renewal of the centre. On this inspection, the inspector found significant compliance with the regulations with the exception of staffing where the provider had not allocated appropriate staffing resources to ensure the health and social care needs of two residents were being adequately met. Overall, the governance and management of the centre was compliant.

There was a good governance structure in place and the provider had appointed a person in charge to manage the centre. She was a qualified nurse and had the management experience and skills to manage the centre.

The provider had completed an annual review of the quality and safety of care in the service, and the actions identified in this audit were completed. The provider also had completed 6-monthly reviews of the centre which had identified some areas for improvement and action plans had been developed to address these. This demonstrated good governance and management of the centre.

Staffing arrangements in the centre were reviewed and there was a consistent staff

team working there. The staff roster accurately reflected the staff working in the centre and the hours they worked there. However, the provider had self-identified the need for additional staffing resources in the centre and the inspector found that this was negatively impacting on the care and support needs of two resident in two houses in the centre. While they were planning to put interim measures in place to address the risk, this had not yet occurred and there was no assurance that the measures proposed were to continue in the long term.

The inspector also reviewed the staff training arrangements in the centre and found all staff had up to-date training completed. There was a monthly planning schedule available to all staff to book training which was due and the team leader was responsible for the monthly oversight of same.

Overall, the inspector found that this centre was well managed and residents were happy living there.

Registration Regulation 5: Application for registration or renewal of registration

Some additional information was required for the registration renewal and the person in charge made this information available on the day of inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the required qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the centre required additional staffing resources to effectively support residents health and social care needs. The inspector found that the staff allocated to one house to provide 1:1 support to a resident also had to support residents in the house next door, where no staffing resources were allocated to support these residents who, due to their changing needs, required staff to support them with their their meals, laundry, personal care and day to day activities. This staffing deficit impacted negatively on the care and support given to

residents in both houses.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff received training as part of their continuous professional development. Staff supervision meetings were conducted between the person in charge and staff, and between the person in charge and the person participating in management.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were good governance and management structures in place to ensure the safety and quality of care to residents. A range of internal audits were conducted in the centre and, where actions were identified to improve services, these were addressed in a timely manner.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all information as required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place in the centre which was displayed in an accessible location for residents. Complaints process was discussed at residents' weekly meetings. The provider ensured that all complaints were recorded, followed up and actions taken to resolve the complaints to the satisfaction of the

complainants.

Judgment: Compliant

Quality and safety

Residents received a good standard of care and support at Abbeydeale Residential Services. Residents were supported by a knowledgeable staff team who ensured that the care and support provided to residents was in line with residents' assessed needs, likes and preferences. There were good governance and management arrangements in the centre and staff were available in the centre who were engaged in supporting residents' well-being and their opportunities to make choices about their daily lives.

Comprehensive personal planning arrangements were in place for all residents. From discussions with staff and observations during the day the inspector, the inspector found that the care and services delivered to residents were in line with their individual care plans, especially in relation to their physical and mental health care needs and daily activities.

The person in charge ensured that residents' care plans were subject to regular review to ensure their effectiveness and were updated in response to recommendation from multi-disciplinary professionals.

There were no active safeguarding concerns in the centre. However, there were supports in place to support residents around safeguarding issues. In addition, the person in charge regularly reviewed restrictive practices and ensured they were the least restrictive for the shortest duration necessary.

The registered provider had appropriate fire safety management systems in place against the risk of fire in the designated centre. They also had ensured that there were adequate means of escape and that personal evacuation plans had been developed for each resident.

Infection control arrangements at the centre were robust in nature and reflected current public health guidance associated with the management of a possible outbreak of COVID-19. The person in charge had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities such as an outbreak amongst residents or staff shortages. The plan was kept under regular review to ensure it guided staff effectively and reduced the level of risk. The contingency plan was also supported by improved infection control arrangements at the centre such as regular cleaning schedules for all parts of the building, provision of staff changing facilities, temperature checks for staff and visitors to the centre

and the wearing of personal protective equipment (PPE).

Regulation 26: Risk management procedures

The provider had arrangements in place for the identification, assessment, response and on-going review of risk at the centre. Identified risks were subject to regular review by the person in charge to assess the overall effectiveness of the measures put in place in response to risk.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge had put appropriate procedures in place to prevent the risks of staff or residents contracting COVID -19 in the centre. The centre had a centre specific contingency plan in place in the event of an outbreak in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had effective fire safety arrangements in place, including, fire detection systems, fire containment arrangements, emergency lighting and clear fire exits. A system was in place to ensure all residents and staff participated in fire drills on a regular basis and fire drill reports showed that residents could effectively evacuate the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found residents were supported to receive their medication as prescribed and when a medication error had occurred in the centre, the person in charge took appropriate measures to investigate and put robust measures in place to rectify same.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that comprehensive assessments of residents' health, personal and social care needs had been completed. Personal plans were developed with residents as required by regulation and goals for the future were identified. Residents' individual personal plans were in an accessible format.

Judgment: Compliant

Regulation 6: Health care

The person in charge ensured that residents' health care needs were met, that residents received support at times of illness, and that residents were supported to meet their physical and emotional needs as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that residents with behaviours of concern were given supports in managing their behaviour. Comprehensive plans with multidisciplinary input were in place to support residents with behaviours. Where restrictive practices were in place, these were reviewed to ensure that they were the least restrictive option for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

The inspector found that staff were aware of what to do in the event of an allegation or suspicion of abuse and that safeguarding concerns were appropriately followed up. The inspector found that residents were supported to discuss any

concerns they had with the person in charge and that they were supported to address any issues or concerns they may have had. Residents were aware of their rights in the centre.

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 - 2015 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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

Compliance Plan for Abbeydeale Residential Services OSV-0003918

Inspection ID: MON-0032547

Date of inspection: 18/06/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The provider will continue to advocate to their funding body to secure the required resources, to deliver safe and effective services to residents and meet the changing needs in the service. The provider has committed to use existing resources in the organization to fund the additional supports required in the centre until such time the funding is secured long term.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	26/07/2021