



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

Name of designated centre:	Abbeytrinity Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	12 & 13 February 2018
Centre ID:	OSV-0004067
Fieldwork ID:	MON-0020793

About the designated centre

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

Abbeytrinity Services provides services to those with an intellectual disability who have been identified as requiring a support level ranging from low to high, and also to people with intellectual disability and autism. The service cannot accommodate individuals with complex medical or physical needs. This service can accommodate male and female residents from the age of 18 upwards. The service provides a mixture of full-time residential care and planned, recurrent, short-term respite placements of varying durations. The centre is a two-storey house with a garden in a residential area of a rural town. Residents at Abbeytrinity Services are supported by a staff team which includes a social care leader, who is the person in charge, in addition to social care workers and care assistants. Staff are based in the centre when residents are present and a staff member sleeps in the centre at night to support residents.

The following information outlines some additional data on this centre.

Current registration end date:	28/10/2018
Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or 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
12 February 2018	10:00hrs to 16:55hrs	Jackie Warren	Lead
13 February 2018	09:50hrs to 17:30hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with five residents who used this service. Residents, who spoke with the inspector, confirmed that they were happy with the service and care provided, had good access to the local community and enjoyed living in the centre. They also stated that they enjoyed the activities that they took part in at their day services. Some residents did not speak with the inspector. However, the inspector observed that all residents appeared to be comfortable and relaxed in the company of staff and with each other.

The inspector did not receive any feedback from residents' families.

Capacity and capability

Governance and management arrangements ensured that a good quality and safe service was provided for residents living at this centre. Furthermore, the inspector found that the provider had put measures in place to ensure that the previous inspection's findings were addressed.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in an improved standard of care, support and safety being provided to residents living at the centre. Six-monthly audits of the centre's practices were being carried out by the management team and staff carried out regular audits of areas such as, medication management and residents' finances. Records showed that audit findings had been addressed in a timely manner.

The person in charge was based in the centre and worked closely with staff. She was, therefore, well known to the residents and was very familiar with their up-to-date care and support needs. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their roles, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. There was also a range of policies, including all the required schedule 5 policies, to guide staff in the delivery of a safe and appropriate service to

residents.

The management team ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to carry out their roles and responsibilities. They ensured that all staff had undergone Garda Síochána vetting as a primary safeguarding measure for ensuring that residents were safe and protected from abuse.

Rosters, and discussions with staff, showed that there were sufficient numbers of suitably qualified staff to support residents' assessed needs and especially their daily activities programme. The inspector observed, and staff confirmed, that staffing arrangements ensured that residents were able to take part in activities of their choice in the centre and the local community.

The provider had measures in place to review and evaluate risks, and for the recording and reviewing of adverse incidents and complaints. There had been a low level of accidents, incidents and complaints and there had been no serious accidents involving residents.

Since the last inspection, the provider and management team had taken measures to address issues that had been identified in the inspection report. Some of the improvements introduced since the last inspection included the provision of Internet access to all residents which increased their communication and leisure options. All residents had now been assessed to establish their capacity to administer their own medications. During the last inspection of the centre some staff had not received training in manual handling but this had been suitably addressed. Furthermore, agreements for the provision of service had now been made with all residents.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. She was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mix were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person

in charge, these were updated to show any changes and were accurate at the time of inspection. Furthermore, the provider's recruitment process ensured that all staff documentation required under schedule 2 of the regulations had been obtained.

Judgment: Compliant

Regulation 16: Training and staff development

All staff working in the centre had received mandatory training in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required. During the last inspection of the centre some staff had not received training in manual handling but this had been suitably addressed.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included most of the required information relating to residents who lived, or received respite services, in the centre. However, it did not state the names and addresses of any authorities, organisations or other bodies which had arranged the residents' admissions.

Judgment: Substantially compliant

Regulation 21: Records

The provider had ensured that all records required under the regulations were maintained.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre. The person in charge was based in the centre and there were systems in place, such as audits, staff supervision, availability of operational

policies and management meetings, to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for each resident. These agreements stated the fees to be charged, what was included in the fees and most of the required information about the service to be provided. However, some details of the service to be provided to each resident were not clearly described in the agreements.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met most of the requirements of the regulations. However, it did not clearly state some of the information required by the regulations. The statement of purpose was being reviewed annually by the management team.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge and staff kept a register of accidents and incidents. Any events that required notification, including quarterly returns, had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that they were kept safe. The inspector found residents received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

To support residents to express their choices and views, weekly house meetings were held where residents' views and preferences were discussed with staff. The inspector noticed that staff also discussed views and preferences with residents on an ongoing basis during the inspection.

Although residents' quality of life was prioritised by the systems in the centre, and their rights and choices were supported, an aspect of the building did not fully support some residents' comfort and access to suitable storage for their clothing. There was adequate furniture such as wardrobes, bedside lockers and chests of drawers for most residents in which to store their clothing and belongings. However, there was no wardrobe space available to some respite residents. These residents had nowhere to hang their clothes during their respite visits. All residents had access to keys to their bedrooms and could lock their bedroom doors if they chose to.

Residents' money was being managed in a clear and transparent way, was securely stored and was accessible to residents whenever they needed it.

Overall, the centre was warm, clean, comfortable and suitably furnished and suited the needs of residents

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up to date servicing of fire fighting extinguishers, the central heating boiler and the fire alarm system. Staff also carried out a range of fire safety checks. The fire evacuation procedure was displayed, staff had received formal fire safety training and effective fire evacuation drills involving residents and staff were carried out. All bedrooms had fire doors for the containment of fire and smoke. Other risks in centre had been identified, and control measures were in place to manage risks. However, the controls of some risks had not been recorded in sufficient detail to guide staff.

The management team had taken measures to safeguard residents from being harmed or from suffering abuse. There was a policy and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills

to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect.

Personal planning arrangements ensured that each resident's needs were subject to regular review both annually and more frequently if their needs changed. Recommendations from annual reviews and multi-disciplinary supports were included in residents' personal plans to ensure a consistent approach to supporting their needs. Residents' personal plans were also formulated in an accessible version to increase residents' knowledge and understanding of their own personal plans. Twice each year residents and staff planned residents' personal goals for the coming six months. The personal planning process ensured that residents' social, health and developmental needs were identified and that suitable supports were in place to ensure that these were met. The inspector could see that residents were out and about in the community, and they confirmed that they enjoyed this.

The provider had ensured that residents had access to medical and healthcare services to ensure that they received a good level of health care. All residents had access to a general practitioner and attended annual health care checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were supplied by the provider. Other services, such as chiropody, dental and optical services, were arranged. Plans of care for good health were developed for residents which identified their specific care needs. This ensured that residents' requirements for good health were identified, and that plans were in place to ensure that this care was appropriately delivered.

There were safe medication management processes in place to protect residents from the risk of medication errors. During the last inspection of this centre, storage of medicines that required refrigeration, was not being suitably managed, and on this inspection this had been suitably addressed by the person in charge.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care. However, some improvement was required to premises and risk management procedures. While most control measures for risks were generally well documented, a small number of these were not recorded in sufficient detail to guide practice. In addition, some health and social care plans were not recorded in sufficient detail to guide practice and did not reflect the knowledge that staff demonstrated to the inspector.

Regulation 17: Premises

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. Overall, the centre was comfortably furnished and decorated. However, the bedroom used for respite breaks was not suitably decorated, or maintained to the same standard as other rooms in the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed and reflected staff practices and knowledge. Personal emergency evacuation plans had been developed for each resident. However, one plan did not provide sufficient guidance on how to ensure resident safety outside the building following an evacuation, although staff knew how this would be achieved.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills involving residents and staff and individualised emergency evacuation plans for all residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre and staff who administered medication had received training in safe administration of medication.

Residents had access to the services of a pharmacist in the local area.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the resident or their representatives, were being held. Residents' personal goals were agreed at these meetings and further short-term goals were developed at six-monthly intervals. These were made available to residents in a user-friendly format. However, personal goal records did not include specific time frames, named supports, or progress updates in achieving the goals.

Furthermore, a care plan for an aspect of health had not been reviewed and updated following a change in circumstances.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviours that challenge. Behaviour support plans had been developed when required with input from a psychologist and behaviour support specialist. These plans were being implemented and the occurrences of incidents arising from behaviours that challenge had reduced considerably. All staff had attended training in relation to the management of behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

The provider had made improvements to behaviour management plans, safeguarding planning and staff safeguarding training. This meant that the provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had now received training in 'client protection', and there was an up-to-date safeguarding policy to guide staff. The management team were very clear about what constituted abuse and demonstrated the proactive measures that had been taken in response to a suspicion of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Abbeytrinity Services OSV-0004067

Inspection ID: MON-0020793

Date of inspection: 12/02/2018 and 13/02/2018

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Directory of residents has been updated to include information as regards the referring agent who instigated the admission process.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>Addendums have been included with all contracts of care detailing any additional costs to be borne by the residents. Information also given regarding the quantum of service to be offered is now included in the contract .</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of purpose has been amended to comply with Regulation 3</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The respite room has been repainted with pictures hung to give a more homely feeling. A facility for hanging of clothes has been provided.</p>	
<p>Regulation 26: Risk management procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>PEEP (Personal Emergency Evacuation Plan) for one respite user has been updated to include sufficient guidance for staff to evacuate this individual.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>PCP goals have now been updated with progress including specific time frames for completion of same</p> <p>Health care plan compiled for resident in relation to health and changing circumstances.</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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	27/February/18
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	27/February/18
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident. Their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	21/March/18
Regulation 26(1)(b)	The registered provider shall ensure that the	Substantially Compliant	Yellow	27/February/18

	risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	20/April/18
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Yellow	27/February/18
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new	Not Compliant	Yellow	21/March/18

	developments.			
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