



Office of the Chief Inspector

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

Name of designated centre:	Abbeydeale Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	14 October 2019
Centre ID:	OSV-0003918
Fieldwork ID:	MON-0026953

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
14 October 2019	09:30hrs to 14:00hrs	Anne Marie Byrne	Lead

Views of people who use the service

Seven residents live at this centre and on the day of inspection, a number of residents were attending day services while others were at work and were unable to meet with the inspector to talk about the care and support they receive.

The inspection was facilitated by the person in charge and person participating in management who knew the residents very well and were able to inform the inspector of residents' daily routines, preferences and wishes. The inspector also observed various records which provided a good picture of the type of activities that residents enjoyed and regularly took part in. Each premises visited by the inspector was observed to be decorated in accordance with residents' preferences. The inspector was also informed by those who facilitated the inspection of the various ways in which staff regularly consulted with residents about their daily routines.

Capacity and capability

This centre was last inspected in March 2019 and the provider had completed the actions required from that inspection, with improvements made to areas such as governance and management arrangements and fire safety. The provider had ensured that this centre was well-resourced and managed in a manner that provided residents with a positive living experience. Although most areas inspected were found to be in compliance with the regulations, some improvement was required to the assessment of risk at the centre.

The provider had ensured adequate staffing arrangements were in place to meet the needs of residents and these were subject to regular review by the person in charge. At the time of inspection, the inspector was told that in response to the changing needs of some residents, arrangements were being put in place to ensure additional staffing resources would be available to the centre, if required. Of the three premises that this centre comprised of, two had full-time staffing arrangements in place, while the third premises was occupied by residents who only required minimal staff support during day and night-time hours. Furthermore, where residents required one-to-one staff support, the provider had ensured that this arrangement was made available to them. The person in charge ensured that residents were supported by staff who were familiar to them and a well-maintained staff roster identified the names, start and finish times worked by staff at the centre.

The person in charge held the overall responsibility for this service and she was regularly present to meet with staff and residents. She also held responsibility for

one other designated centre operated by the provider and from the on-going support she received from her line manager and staff team, she told the inspector she had the capacity to also effectively manage this service. She held regular meetings with staff, one of which was held on the day of this inspection. These meetings were used to discuss any concerns regarding the safety and welfare of residents, outcomes of recent audits and any other operational issues. She also frequently met with her line manager to discuss further operational issues relevant to the service delivered to residents.

Since the last inspection, the provider had improved the centre's monitoring systems to ensure these were effective in identifying specific areas of improvement relevant to the centre. The annual review and six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, the provider had put time bound action plans in place to address these.

Regulation 14: Persons in charge

The person in charge had the qualifications and experience required by the regulations. She was supported by a person participating in management and a staff team in the running and management of the centre. She was regularly present at the centre and had strong knowledge of the residents' needs and of the needs of the service delivered to them.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured adequate staffing arrangements were in place to meet residents' needs. A well-maintained planned and actual roster was in place which identified the names of staff and their start and finish times.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff received mandatory and refresher training, as and when required.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage and oversee the service delivered to residents. The annual review and six monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Quality and safety

Overall, the inspector found residents' needs were well-documented and suitable arrangements were in place to ensure residents were provided with multiple opportunities for community engagement and regularly consulted on how they wished to spend their time.

The centre was located in a town in Co. Mayo and comprised of three premises, all located within close proximity of each other. Each premises provided residents with their own bedroom, some en-suite facilities, shared bathrooms, sitting rooms, kitchen and dining areas and access to garden and outdoor areas. Residents' bedrooms were personalised and the person participating in management told the inspector that plans were in place to re-decorate one of these bedroom at that resident's request. In response to the changing needs of some residents, plans were also in place to complete up-grade works to one of the centre's shared bathrooms, to ensure it was accessible to the residents who lived there.

Residents' needs were regularly assessed and personal plans were in place to guide staff on the specific support that some residents required. Residents were consulted regarding personal goals they wished to achieve and clear records were maintained of the progress made to date towards achieving these. Adequate transport and staffing arrangements ensured residents could go on regular day trips, attend day services, attend bingo, dine out, visit family members and be part of local community groups in the area. Some residents held employment and were supported by staff to do so. Overall, the inspector found that the arrangements put in place by the provider allowed these residents to have very active and meaningful lifestyles.

Some residents living at this centre required specific supports with regards to their assessed neurological needs and falls management. The inspector found the provider was responsive to these needs and ensured that these residents were subject to regular assessment and review. For example, following a recent review of a resident who required on-going monitoring of his falls management plan, the

provider was in the process of trialling additional safety measures to increase this resident's safety. The inspector also found the personal plans in place for residents with neurological needs were well-documented to guide staff on the supports these residents required.

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. Residents were supported to take part in positive risk-taking, with some residents choosing to access the community independent of staff while other residents some times liked to spend time alone in the centre. However, the risk assessments in place to support these positive risk-taking activities didn't always fully consider the specific measures that the provider had in place to maintain these residents' safety while doing so. For example, although there was a risk assessment in place for residents with neurological needs, this risk assessment didn't consider the arrangements in place for the administration of emergency medicines, should the resident require this medicine while accessing the community independent of staff. Furthermore, risk assessments supporting the centre's staffing arrangements didn't fully describe the specific measures that the provider had in place to support residents requiring minimal staff support. For example, the arrangements in place for these residents, to at all times, be able to make contact with staff members on duty.

The provider had fire safety precautions in place, including, detection systems, containment systems, clear fire exits and emergency lighting. Clear fire procedures were displayed at the centre to guide staff on the procedure to following in the event of fire. Regular fire drills were occurring and the records reviewed by the inspector demonstrated that staff could effectively support residents to safely evacuate in a timely manner.

Regulation 13: General welfare and development

The provider had ensured adequate staffing and transport arrangements were in place to provide residents with opportunities for community engagement and to participate in activities of their choice. Residents were also supported to have employment opportunities and residents were consulted on an on-going basis on how they wished to spend their time.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be well-maintained, clean and provided residents with a

comfortable environment to live in. Each resident had access to their own bedroom, en-suite and shared bathroom arrangements, shared communal areas and access to garden spaces. The provider also had plans in place to complete some up-grade works to a shared bathroom in response to the changing needs of some residents.

Judgment: Compliant

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. However, some improvement was required to the risk assessment of residents who wished to participate in positive risk-taking. Furthermore, a review of the risk assessment supporting the centre's staffing arrangement was required to ensure it accurately described the measures put in place by the provider to meet the needs of residents requiring minimal staff support.

Judgment: Substantially 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 participated in fire drills on a regular basis and fire drill reports reviewed by the inspector demonstrated that staff could effectively support residents to evacuate the centre. Plans were also in place to conduct further fire drills using minimum staffing levels subsequent to this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured each residents needs were assessed and reviewed on a regular basis. Personal plans were developed to guide staff on the specific supports that residents required. Residents' goals were also well-documented and clear records maintained of the progress made towards achieving these goals.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that where residents presented with health care needs, these residents received the care and support they required. Residents also had access to a wide variety of health care professionals, as and when required.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to ensure staff were supported in the identification, response and management of concerns to the safety and welfare of residents. All staff had received up-to-date training in safeguarding.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Abbeydeale Residential Services OSV-0003918

Inspection ID: MON-0026953

Date of inspection: 14/10/2019

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Risk Register has been reviewed to include additional details to explain the PIC’s responsibilities and oversight requirements on risk management in the designated centre. This will also be rolled out across all designated centres within in the organization.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	08/11/2019