

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Abbey Village Group Homes
Centre ID:	OSV-0005250
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Jackie Warren
Support inspector(s):	Stevan Orme
Type of inspection	Unannounced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 May 2016 10:00	18 May 2016 18:40
19 May 2016 10:00	19 May 2016 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

The purpose of monitoring inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Eleven of the eighteen outcomes were reviewed at this inspection and inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence

As part of the inspection, the inspectors met with residents, the person in charge and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files. During the course of the inspection the inspectors met with nine of the residents living in this centre. Residents who spoke with the inspectors stated that they enjoyed living there and they also confirmed that they were treated well by staff and felt safe. Other residents who did not speak with inspectors were observed to be comfortable and

relaxed in the company of staff. They also appeared to be enjoying interaction with staff and involvement in activity in the house.

Description of the service

The centre comprised of three adjacent self-contained houses, each of which could accommodate up to five residents. The houses were located in a rural setting close to an urban area. There were suitable communal spaces and accessible gardens throughout the centre. The service was available to fifteen adult men and women who have intellectual disabilities.

Overall judgment of our findings

Overall, inspectors found that the provider had put system in place to ensure that the regulations were being met. This resulted in positive experiences for residents, the details of which are described in the report.

Communication (outcome 2) was found to be compliant and substantial compliance was noted in premises (outcome 6), medication management (outcome 12), governance and management (outcome 14) and workforce (outcome 17), but the following improvements were required:

- storage of out of date/unused medication (outcome 12)
- the annual report (outcome 14)
- the recording of the staff roster (outcome 17)
- storage in a garden area

Although good practice was noted throughout the service, significant improvement was required to the clear identification of fire safety risks (outcome 7).

The inspectors found that although there were arrangements in place to deliver a good standard of health care to residents, the assessment and management of modified consistency diets required improvement (outcome 11). Improvement was also required to personal planning (outcome 5), safeguarding training (outcome 8) and some required records (outcome 18).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

This outcome was not examined in full at this inspection but a communication issue from the last inspection was reviewed and found to have been suitably addressed.

At the last inspection the inspector found that there was no internet access for residents in the centre. This had been resolved and at this inspection there was internet access available to all residents who wished to use it.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found that each resident's social wellbeing was maintained by a good standard of care and support. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre and in the community. However, improvement was required in the completion of residents' annual reviews and the development of personal goals for some residents.

Inspectors found that the care and support provided to residents was reflective of their assessed needs and wishes. From the sample of documentation reviewed inspectors found that each resident's assessed care and support needs were addressed through an accessible plan which identified residents' needs, aspirations and preferences as well as their 'circle of support' from family and significant others in their lives. Short and long term goals had been identified for most residents and there was evidence of on-going review of progress towards achievement. Inspectors also saw evidence of annual reviews of the care and support for residents, with resident participation as well as families and health care professionals were applicable. Personal plans included communication plans for residents who were non-verbal, and plans included how these residents would indicate their choices, in addition to their preferred means of communication such as the use of sign language.

However, inspectors found that for some residents, annual reviews had not been consistently undertaken and some had not been reviewed in over 15 months. Consequently these residents' social needs and goals for the forthcoming year had not been identified and documented.

In addition to social and developmental opportunities available at resource services, residents were able to access activities when not attending their day service during the week. Inspectors found through observation and by assessment of daily care notes, that residents were supported on a frequent basis to develop independent living skills. During the inspection residents were supported by staff in meal preparation and grocery shopping. Inspectors also found that residents accessed social activities such as music concerts, restaurants, and other activities in the local community. Residents had access to the centre's vehicle to further facilitate accessing of activities outside of the local community. Residents were also supported to maintain family contact and staff informed inspectors that residents were supported to visit their families as well as invite families to the centre.

Staff were observed treating residents in a kind and professional manner, with dignity and respect, and inspectors observed that residents felt comfortable with the support they received.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre comprised of three houses situated close to each other. During the previous inspection, the inspector found that the houses were maintained in good condition, attractively decorated and rooms were personalised to reflect residents' choices and there was adequate storage for resident's clothes and possessions. On this inspection the inspectors found that this standard was being maintained, although some improvement was required to remove a trip hazard in one garden.

During the previous inspection, the inspector had identified a risk with evacuation routes and this had been addressed. Since the last inspection the provider had installed wheelchair accessible ramps at two fire exits in each house for ease of evacuation. In addition, there were painted strips on the steps at other external doors to ensure that the steps were clearly visible.

All three houses had six bedrooms, five are used for residents' accommodation and one is allocated for staff who slept in the house overnight. Bedrooms were noted to reflect the interests and individual personal tastes of the residents. There was a sitting room, kitchen/dining area, utility room and storage areas in each house. All houses were clean, comfortable and had a home like atmosphere. There were photographs, ornaments and personal effects that residents had chosen on display in the rooms. There were supports in place to enhance accessibility and these included handrails on each side of hallways and grab rails in bathrooms and toilets. There was a call bell system in all rooms that residents were able to use to call staff for assistance. The call bell panel was in the staff bedroom to ensure that staff could be alerted at night if required. All bedrooms had an en suite shower, toilet and hand washing facilities and there were additional bathrooms available.

Laundry facilities were provided in each house, where residents could participate in their own laundry if they wished to. Residents had access to washing machines, tumble driers and outdoor clothes lines. Some residents' carried out their own laundry with appropriate support from staff.

There were suitable arrangements for the disposal of general waste which was stored externally in covered bins. These were removed by contract with a private company. Arrangements were also in place for the safe storage and disposal of clinical waste.

Residents had good access to the outdoors. There were well maintained gardens adjoining the houses. However, there was some miscellaneous debris such as broken furniture in the garden of one house which could present a risk of injury to residents.

The houses were situated in suburban areas close to amenities such as shops, restaurants, swimming pools and churches in the town.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

While inspectors found that there were systems in place to protect the health and safety of residents, visitors and staff, improvement was required to risk management and various aspects of fire safety. During the last inspection the inspector found that improvement was required to fire safety evacuation and this has now been addressed. Fire drill practices were identified as an area for improvement at the last inspection and on this inspection, inspectors found that this failing had not been suitably addressed.

There was a risk management policy, a safety statement and a risk register which detailed the measures in place to identify and control risks in the centre, such as slips, trips and falls, accidental injuries, food safety and risk associated with access to cleaning agents. There were also a range of policies which were viewed in conjunction with the risk management system and which included a missing person policy, a behaviour that challenges policy and an adverse weather policy. A range of personal risk management plans had been developed for each resident to identify risks specific to each person and their control measures. However, the risk management policy did not include control measures for all the risks specifically mentioned in the regulations, such as self harm.

The provider had measures in place to ensure residents, staff and visitors to the centre were safeguarded in the event of a fire. Service records showed that all fire safety equipment had been suitably serviced. The fire alarm system was serviced quarterly and fire extinguishers were serviced annually. In addition, staff also carried out safety checks such as weekly checks of fire alarms, emergency exits, call bells and emergency lighting and monthly checks of fire extinguishers. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

There was a system for recording and notification of incidents and there was an effective system for investigating and learning from all incidents and accidents which was included in the risk management policy.

Training records indicated that all staff had received formal fire safety training. Staff who spoke with the inspectors confirmed this and were knowledgeable regarding the procedures to be followed in the event of fire.

Fire evacuation drills from the centre took place twice annually. Recording of the fire drills was not fully effective as the records maintained did not record which residents participated and which staff were involved in evacuation drills. In addition, no evacuation drills had been undertaken at night time or simulating night time conditions. Therefore, the staff team did not know how long it might take to evacuate residents at night when residents were asleep and there were less staff on duty.

The provider had engaged a consultant to undertake a detailed review of fire safety in the centre and inspectors read the results of this review. The report indicated that there were several areas which were not in line with best fire safety practice and which required remedial action. The person in charge confirmed that some work had been undertaken to address these issues, but there was no information to confirm how much of the work had been completed and which risks were still outstanding.

There was an emergency evacuation plan in place for the centre which included details of emergency accommodation.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Measures were in place to protect residents from being harmed or abused. During the previous inspection, improvement was required to training in the management of

behaviour that is challenging, and this had been partially addressed.

Throughout the inspection, inspectors observed residents being treated with dignity and respect by staff supporting them. Residents appeared comfortable with staff during interactions observed.

The centre had an up to date policy on personal and intimate care, and residents' personal plans included individualised 'intimate and personal care ' plans showing the preferences of each individual. Staff ensured that privacy was maintained during the delivery of personal care.

All staff had access to the centre's safeguarding policy and were able to inform inspectors about what constituted abuse and what actions they would take in the event of a suspicion, allegation or disclosure of abuse. Although staff were knowledgeable of their responsibilities for safeguarding, training records examined showed not all staff had attended formal training in this area. The person in charge had identified this and hoped to address it in 2016. Inspectors observed posters displaying and identifying the designated officer for safeguarding at the centre.

The person in charge had, prior to the inspection, notified the chief Inspector of an allegation of staff misconduct. Inspectors interviewed the person-in-charge who explained the investigation process and outcome. Inspectors reviewed documentation relating to the investigation, which reflected the centre's organisational policy.

Some residents at the centre had been identified as requiring behavioural support needs, which were assessed and interventions were in place to support them. In addition the centre had access to psychology support within the organisation as required. However, although staff had received breakaway techniques training, and the person-in-charge has requested positive behaviour management training for staff this has not been undertaken to date.

The person in charge and staff promoted a 'restraint-free' environment in the centre. There was an up to date policy on the use of restrictive procedures to guide staff. A small number of residents in the centre used wheelchair lap belts at times and bed rails while in bed and the person in charge informed inspectors that these restrictive practices were only used for short durations and were for safety reasons such as when transferring to the centre's vehicles.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that there were systems in place to ensure that residents' health care needs were well met and that residents were supported to achieve good health outcomes through care planning, access to medical services and monitoring of residents individual health care needs.

There was access to general practitioners (GPs) and health care professionals. All residents had access to medical services. Residents had access to a range of health professionals including physiotherapy, psychology, psychiatry, speech and language therapy and a dietician and referrals were made as required. Outcomes of these consultations were recorded and used to inform plans of care.

Each resident had a personal plan which outlined the services and supports required to achieve good quality health care. Personal plans for health care were reviewed frequently and when there was a change in needs or circumstances. The plans viewed contained detailed information around residents' health care needs, assessments, medical history and any treatment received and also health care support required from staff. For example, informative plans of care had been developed to guide care of identified health issues, such as epilepsy and constipation.

The inspector noted that residents' nutritional needs were well met and residents' weights were monitored monthly. Some residents had specific nutritional requirements, such as a cholesterol reducing eating plan, and these were supplied. However, there was some lack of clarity around the provision of modified consistency diets and there was insufficient information recorded to guide staff in a resident's care plan viewed by the inspectors.

All residents were supported and encouraged by staff to eat healthy balanced diets and partake in regular exercise. An inspector saw residents eating healthy, balanced meals at mealtimes which they appeared to enjoy. There were plans in place for residents to take regular exercise and reviews by a physiotherapist were organised and specific exercise plans developed as required. Residents' exercise and nutritional requirements were recorded in their personal health plans.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, inspectors found that there were safe medication management practices in place, although improvement to the storage of out of date and unused medication was required.

The centre had a medication management policy which covered ordering, prescribing, storage and administration of medications. The inspectors reviewed the systems in place for the storage of medication and found that these were secure. The centre used a monitored dosage system for medication and training records showed that all staff administering medication were either nurses or had undertaken training in safe administration of medication. However, the arrangements for the management of out of date or unused medication required improvement as there were no arrangements for the separate storage of these medications prior to return to the pharmacist.

Up to date protocols were in place for the safe administration of medication for epilepsy, and those staff administering this medication had undertaken specific training in this area. Epilepsy seizure records were in place to monitor occurrences and the person-in-charge and nursing staff also indicated to inspectors that reviews were planned to discuss the continuation of prescribed emergency medication for epilepsy, due to the infrequency of seizures for residents.

Prescribed medication records were displayed in a clear format, illustrating the medication prescribed, the reason for the prescription, dosage, times and route of administration. All were signed by the residents' doctors. Daily administration records matched the prescription records, clearly indicated the medication, dose and times of administration and included the signatures of the nurses or staff administering for each occasion. The centre had a record of example signatures of all staff administering medication.

Staff were observed administering medication in accordance with safe practice and were knowledgeable in this area.

At the time of inspection there were no residents prescribed medication requiring strict controls, no residents required their medication crushed and none of the residents took responsibility for the administration of their own medication.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that the statement of purpose generally described the services provided in the designated centre and met several of the requirements of the regulations. However, some information required by Schedule 1 of the regulations was not clearly represented, the statement was not being updated annually and had not been made available to residents.

The statement of purpose did not accurately include all the information required by Schedule 1 of the regulations, such as staffing arrangements and arrangements for ensuring the privacy and dignity of residents. Although inspectors observed practices which respected the privacy and dignity of residents, the centre's statement of purpose did not illustrate these.

There was no date to indicate when the Statement of Purpose was developed. The person-in-charge stated that it may have been developed in 2014 and it had not been formally reviewed subsequently.

The statement of purpose was not in a format accessible to the residents. At the time of inspection copies of the statement were not available to residents or their representatives.

There were no arrangements for an annual review of the statement of purpose.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The provider had established a clear management structure, suitable supports were available to staff and there were systems in place to review and improve the quality of service. However, some improvement to the format of the annual quality improvement review was required.

During the last inspection, the inspector found that there was a clearly defined management structure and that the centre was suitably managed. This continued to be evident on this inspection. There was a suitably qualified and experienced person in charge, who knew the care needs of residents.

There were effective systems in place for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded and kept under monthly review within the centre. Other audits being undertaken included medication management, care planning and nutrition and hydration. The person in charge used these audits and reviews as a form of learning and improvement of service.

Members of a quality improvement team carried out unannounced visits to the centre every six months to review the quality of service and compliance with legislation. An annual provider's review was also undertaken in the centre. The format of the annual review was audit based and while it identified areas for improvement, it did not comprehensively reflect the improvements that had taken place in the service over the previous year.

The management team had developed a range of policies to guide practice and had carried out risk analyses of the service. A schedule of relevant training for staff, including manual handling, management of behaviours that challenge, epilepsy awareness, first aid, safe administration of medication, record keeping, protection of vulnerable adults and fire training was also being implemented to provide staff with the knowledge to deliver safe and effective care.

Judgment:

Substantially Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that numbers and skill mix of staff were appropriate to meet the assessed needs of the residents. However there were improvements required to the staff duty roster.

The centre had sufficient staff in place to meet the assessed needs of residents. The staffing compliment included both nursing and health care assistants throughout the centre. Staff were knowledgeable about the needs and wishes of residents, and inspectors observed residents being supported in a respectful, timely and safe manner.

Although the centre had a planned and actual rota, inspectors found that they did not reflect the staff working at the time of the inspection.

Staff were clearly able to express their understanding of organisational policies such as safeguarding and inform inspectors of their understanding of regulations and standards.

A sample of staffing records at the centre was examined and included all the requirements of Schedule 2 of the regulations. Training records showed that staff had access to both mandatory training as well as training specific to the needs of the residents at the centre. However, not all staff had accessed training in safeguarding and positive behaviour management. This is further discussed in outcome 8.

Inspectors found that there were no formal supervision arrangements in place between the person in charge and their line manager or between the person in charge and centre staff.

However, staff who spoke with an inspector stated that they felt supported by the person in charge and nursing staff and that performance issues were addressed informally and through team meetings. They further stated that they would have no concerns in raising any issues with the management team.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that, overall, the records required by the regulations were being maintained. However, some improvement to the emergency plan and meal records were required.

During the course of the inspection a range of documents, such as operational policies, the residents' guide, directory of residents, medication records, accident and incident recording system, staff recruitment files and health care documentation were viewed and were found to be generally satisfactory.

All policies required by Schedule 5 of the Regulations were available and were up to date. However, while there was an emergency evacuation policy, this policy did not provide guidance to staff for the management of other events, such as loss of power, heat or water.

There were no records of the meals served to residents being retained as required by the regulations. Therefore, there was no means for the management team to evaluate the quality and overall nutritional value of the meals served throughout the day.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Abbey Village Group Homes
Centre ID:	OSV-0005250
Date of Inspection:	18 May 2016
Date of response:	06 July 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some residents' personal plans were not subject to annual review or more frequently if change of needs or circumstances.

Social needs and goals for the forthcoming year not being identified and documented for some residents.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:

The Person in Charge will ensure that resident's personal plans are reviewed in conjunction with the resident and/or their family/representative annually or more frequently if required and will include the identification and planning of personal goals for the forthcoming year.

Proposed Timescale: 31/07/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was some miscellaneous debris, such as broken furniture, in the garden of one house which could present a risk of injury to residents.

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:

The Person in Charge has ensured that all debris has been removed from the garden area.

Proposed Timescale: 25/05/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy did not include control measures for all the risks specifically mentioned in the regulations, such as self harm.

3. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:

- The Risk Management Policy has been updated to include control measures for all risks outlined in the regulations including self harm.
- The Person in Charge will undertake risk assessments for all residents who self-harm.
- The Fire Drills Record will be reviewed and updated by the Person in Charge to ensure they include evidence of the residents or staff who participated in the fire drills and any issues of concern identified.
- The Person in Charge will ensure that night time fire drills (or drills simulating night-time conditions) will be completed by staff in the designated centre.

Proposed Timescale: 30/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Recording of the fire drills was not fully effective as the records maintained did not record which residents participated and which staff were involved in evacuation drills. No evacuation drills had been undertaken at night time or simulating night time conditions.

4. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

- The Fire Drills Record will be reviewed and updated by the Person in Charge to ensure they include evidence of the residents or staff who participated in the fire drills and any issues of concern identified.
- The Person in Charge will ensure that night time fire drills (or drills simulating night-time conditions) will be completed by staff in the designated centre.

Proposed Timescale: 31/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no information to confirm if all works had been completed to address fire safety requirements identified in a report/survey, and which risks were still outstanding.

5. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:

- The PIC will in consultation with the housing association complete a review of the Fire Safety Risk Assessment Report to ensure all recommendations have been addressed 09/09/2016.
- The PIC will request written confirmation from the housing association of the recommendations that have been addressed 09/09/2016.
- The PIC will agree a plan with the housing association for the completion of any outstanding recommendations from the report. Work to be completed by the 31/10/2016.

Proposed Timescale: 31/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff providing support to residents did not have training in positive behaviour management.

6. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:

The Person in Charge will put a schedule in place and ensure all staff attend training in positive behaviour management.

Proposed Timescale: 30/09/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some staff had not undertaken safeguarding training

7. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:

- The Person in Charge will ensure all staff receive Safeguarding Awareness training at the earliest opportunity (Training scheduled for October 2016 however staff will be released for training if earlier dates become available).

- The Person in Charge will reinforce the requirement for all staff to read and sign off on the Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures (December 2014) and the Donegal Intellectual Disability Service Guideline for the Reporting of Concerns Regarding Vulnerable Persons at risk of Abuse (February 2016) to ensure they are familiar with the categories and indicators of abuse and the procedures to be followed in the event of an allegation or suspicion of abuse.
- The Person in Charge will conduct an audit of staff sign off on the relevant Safeguarding policies.
- The Person in Charge will conduct random checks with staff at all levels using a safeguarding questionnaire in order to consolidate staff knowledge of safeguarding processes
- Safeguarding will be a standard agenda item on all staff and management meetings.

Proposed Timescale: 31/10/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was some lack of clarity around the provision of modified consistency diets and there was insufficient information recorded to guide staff in a file viewed by the inspectors.

8. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

Please state the actions you have taken or are planning to take:

The Person in Charge will ensure the named nurse updates the resident's care plan to provide clarity and guidance regarding the provision of a modified consistency diet.

Proposed Timescale: 23/05/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The centre did not have segregated storage arrangements for out of date and unused medication.

9. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable

practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:

The Person in Charge has identified a separate storage facility for out of date and unused medication.

Proposed Timescale: 20/05/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre's statement of purpose did not meet the requirements of schedule 1 of the regulations.

10. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

The Person in Charge will review and update the Statement of Purpose to ensure it contains all the information required under Schedule 1 of Health Act.

Proposed Timescale: 31/07/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose was not dated, and had not been reviewed annually.

11. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:

The Person in Charge will ensure that the Statement of Purpose is dated, reviewed and updated annually or more frequently if required.

Proposed Timescale: 31/07/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre did not have an accessible format of the statement of purpose for residents.

12. Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

Please state the actions you have taken or are planning to take:

The Person in Charge will ensure a copy of the statement of purpose is made available to residents in an accessible format.

Proposed Timescale: 30/09/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider's annual report was audit based and while it identified areas for improvement, did not comprehensively reflect the improvements that had taken place in the service over the previous year.

13. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:

The Provider Nominee will ensure an annual review of quality and safety of care and support in the designated centre is completed and will provide a comprehensive report which reflects the improvements that have taken place over the previous year and a plan to address any concerns.

Proposed Timescale: 01/11/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The centre's rota did not accurately reflect the staffing on duty during the inspection.

14. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:

The Person in Charge has reviewed the roster to accurately reflect the staffing levels on duty day and night

Proposed Timescale: 30/06/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

No formal supervision arrangements were in place for staff or for the person in charge.

15. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:

The Person in Charge will commence supervision with staff and put a plan in place for formal supervision arrangements.

Proposed Timescale: Commenced 14th June 2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The emergency policy did not provide guidance to staff for the management of other events, such as loss of power, heat or water.

16. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

The emergency policy will be review and updated to include guidance on the management of emergency events such as loss of heat, power or water.

Proposed Timescale: 31/08/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were no records of the meals served to residents being retained as required by the regulations.

17. Action Required:

Under Regulation 21 (4) you are required to: Retain records set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 4 years from the date of their making.

Please state the actions you have taken or are planning to take:

The Person in Charge has developed a daily log to maintain records of meals served to residents as required under regulation 21(4).

Proposed Timescale: 20/05/2016