



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

## Issued by the Chief Inspector

Name of designated centre:	Abbey View Residences
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	01 September 2020
Centre ID:	OSV-0003453
Fieldwork ID:	MON-0030145

## About the designated centre

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

Abbey View Residences provides accommodation and support in a purpose-built facility of self-contained apartments to 10 adults with physical disabilities and neurological conditions. Residents may also have secondary disabilities which could include an intellectual disability, mental health difficulties or medical complications such as diabetes. Support is provided 24 hours per day, seven days per week and may include respite care. People living within Abbey View Residences direct and participate in their own care. Residents at Abbey View Residences are supported by a staff team which includes a full-time person in charge, nursing staff, and care staff as well as maintenance and administrative support. Staff are based in the centre when residents are present including at night. All residents also have personal assistants for social support.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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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
Tuesday 1 September 2020	11:15hrs to 16:30hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The inspector did not speak with any residents during the inspection, as residents who were present declined to do so.

## Capacity and capability

Overall there was a good level of compliance with regulations relating to the governance of the centre and the management arrangements ensured that a good quality service was provided to residents. However, some minor improvement was required to a policy guiding practice in the centre.

There was a suitably qualified and experience person in charge who was very familiar with residents' care and support needs. The person in charge and other members of the management team were based in the centre and worked together to ensure a good level of governance in the centre. The management team met frequently to review the level of care and safety in the centre and to plan for any required improvements.

Six-monthly unannounced audits were being carried out on behalf of the provider. Detailed clinical and quality audits identified any areas where improvement was required and action plans were developed to address these issues. Any actions arising from the most recent provider led audit had been addressed. The management team also carried out a wide range of ongoing audits of the service including audits of hand hygiene, residents' files, medication management, catheter care and emergency responses. A COVID-19 preparedness audit had also be carried out. This indicated a high level of compliance and the two improvements identified in the audit had been carried out.

The provider has ensured that staff had been suitably recruited. The inspector viewed a sample of staff recruitment records and found that all the required information and documents were available.

The provider had ensured that staff were suitably trained for their roles. Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to a wide range of other training relevant to their roles such as first aid, dysphagia care, medication management, food hygiene and catheter care. Staff had also received training specific to COVID-19 such as hand hygiene, breaking the chain of infection and use of personal protective equipment (PPE). A small number of staff had not received some refresher training as planned due to COVID-19 restrictions, but this training

was scheduled to take place in September 2020.

A range of up-to-date policies and procedures were also available to guide staff and inform practice in the centre. Some policies, such as the risk management policy, had been updated to reflect changes arising from COVID-19. However, while the health and safety policy was generally informative and comprehensive, the associated food safety guidance was not centre specific and did not provide relevant guidance for this centre.

The provider had ensured that records were well managed. The inspector viewed a sample documentation, including records relating to fire safety, risk management, staffing, training and healthcare. Records viewed were maintained in a clear and orderly fashion, were up to date and were readily available to view when requested.

The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it enter the centre. The inspector viewed this plan and it was comprehensive and relevant. The contingency plan included training and provision of a range of up-to-date information and guidance regarding COVID-19. The plan also included a range of safety measures which were being implemented, such as temperature monitoring, updated risk assessments, cleaning schedule and revised protocols for visiting.

### Regulation 15: Staffing

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 who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

### Regulation 21: Records

Records viewed were maintained in a clear and orderly fashion and were up to date.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

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. However, the food safety guidance procedures were not suitable and required improvement.

Judgment: Substantially compliant

## Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted and that residents were kept safe.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures and health symptoms. A detailed cleaning plan had also been developed and was being implemented in the centre.

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. There was evidence that the health needs of residents were assessed and suitable plans of care had been developed to guide the management of any assessed care needs. Referrals to general practitioners, consultants and healthcare professionals were being made as required. Staff were reviewing residents daily for the signs and

symptoms of COVID-19, and monitoring residents' temperatures.

The provider had made arrangements to manage and reduce risk in the centre. These included risk identification and control, a health and safety statement and a risk management policy. The centre's risk register included a range of environmental risks such as violence and aggression, self harm and slips, trips and falls, in addition to individualised risks specific to individuals. The risk register had also been updated to include risks associated with COVID-19.

The provider had ensured that there were effective measures to protect residents and staff from the risk of fire. These included internal fire safety checks, servicing of alarms and fire fighting equipment and fire safety training. Fire drills involving staff and residents had been carried out and all evacuations had been carried out in a timely manner.

Overall, there was a good level of compliance with regulations relating to the quality and safety of the service.

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed and there was a risk management policy to guide practice.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had measures in place to manage the risk of infection, including additional practices and procedures to reduce the risk of COVID-19 infection entering the centre.

Judgment: 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.

Judgment: Compliant

## Regulation 6: Health care

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Abbey View Residences OSV-0003453

Inspection ID: MON-0030145

Date of inspection: 01/09/2020

## 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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Provider’s Food Safety Policy and Procedures will be reviewed and amended to ensure clear guidance for all staff. The amended policy and procedures will be disseminated to staff in the center.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/10/2020