Office of the Chief Inspector

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

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Abbey View Residences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>The Cheshire Foundation in Ireland</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Sligo</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08 March 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0003453</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0026606</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>03/09/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
</tr>
</tbody>
</table>
How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 March 2019</td>
<td>11:30hrs to 17:00hrs</td>
<td>Jackie Warren</td>
<td>Lead</td>
</tr>
</tbody>
</table>
Views of people who use the service

The inspector met with two residents who used this service. These residents communicated to the inspector that they were happy with the service and care provided, had access to the local community and liked living in the centre. They also stated that they trusted staff and showed how they could contact them through an alert system whenever required.

Capacity and capability

There were suitable governance and management arrangements in place, which 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 had been addressed.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a good standard of care, support and safety being provided to residents living at the centre. Comprehensive six-monthly audits of the centre’s practices were being carried out by the management team. Records showed that audit findings had been taken seriously and had been addressed in a timely manner.

There was a full-time person in charge who was suitably qualified and experienced, and who was based in the centre. There were suitable cover arrangements to ensure that staff were adequately supported when the person in charge was off duty. A clinical nurse manager supported the person in charge and deputised in her absence. She was present during the inspection and demonstrated a thorough knowledge of residents and their care needs, and also of the responsibilities of the person in charge.

The provider had ensured that the service was staffed to deliver the service stated in the statement of purpose, and as described in residents’ service agreements.

The provider had measures in place for the recording and management of complaints. Any complaints that had been received were being suitably recorded and managed, or had been resolved to the satisfaction of the complainant.

There were measures in place to protect residents, staff and visitors from the risk of fire. Improvement was required, however, to the recording of fire evacuation drills,
and to the statement of purpose.

### Regulation 14: Persons in charge

The role of person in charge was full-time, and there was evidence that the person who filled this role had the required qualifications and experience. There were suitable deputising arrangements in place to cover the absence of the person in charge, which were effective at the time of inspection as the person in charge was not present.

Judgment: Compliant

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned and actual staffing rosters had been developed and these were accurate at the time of inspection.

Judgment: Compliant

### Regulation 21: Records

Overall, the provider had ensured that records required under the regulations were maintained and kept up-to-date. Records were maintained in a clear and orderly fashion and were suitably stored. However, the outcomes of fire evacuation drills were not being suitably recorded and required improvement. This presented a risk that opportunities for learning from fire evacuation drills could be lost.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. These arrangements included, audits 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 charged and services provided at the centre by the provider. The inspector found that the services provided were being delivered as described in residents' written agreements.

Judgment: 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 person in charge, and was available in the centre for residents and their representatives to view.

Judgment: Substantially compliant

**Regulation 34: Complaints procedure**

There were suitable systems for the management of complaints, and any complaints received had been suitably managed and addressed.

Judgment: Compliant
Quality and safety

The provider's practices ensured that residents received the care described in service agreements and that they were kept safe. The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices.

The centre suited the needs of residents. The building was spacious, clean, comfortable, well decorated and suitably furnished and equipped. All residents had their own apartment style rooms, which included living, cooking and sleeping space, and an en suite bathroom. Each of these rooms had its own front door, but also had direct access to the communal areas of the centre. The rooms were decorated to residents' liking.

To support residents to express their choices and views, communication plans had been developed. Some residents also had assistive technology systems for communication. Staff communicated with residents using these techniques, and house meetings were also held where residents could express their views.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports would be arranged to ensure that these were met. As agreed in residents' service agreements, this support was provided by a combination of staff support and the involvement of residents' own personal assistants if required.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits
Residents could receive visitors in accordance with their own wishes, and there were sufficient rooms in the centre for residents to meet with visitors in private.

**Judgment:** Compliant

**Regulation 17: Premises**

The design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs. The centre was comfortably furnished and decorated, clean, and suitably equipped. Each resident had access to his or her own room, which included self-contained living, sleeping and bathroom space, in addition to a centralised communal room, bathroom and laundry.

**Judgment:** Compliant

**Regulation 18: Food and nutrition**

Residents' nutritional needs were suitably met. Residents took responsibility for choosing their own catering preferences, which included cooking their own food with staff support, eating out or ordering in cooked meals. Staff who supported residents ensured that meals suited any special dietary needs of residents.

**Judgment:** Compliant

**Regulation 29: Medicines and pharmaceutical services**

There were safe medication management practices in the centre and there was a medication policy to guide staff. Residents' medication was securely stored at the centre, there was clear guidance on the administration of each person's medication, and residents had been assessed for self-administration of medication.

**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 and or their representatives were being held. Residents' personal goals and healthcare plans for the coming year were agreed at these meetings. The achievement of these goals was supported by staff in the designated centre and residents’ personal assistants, and progress updates and identified supports were documented.

Judgment: 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. Informative plans of care for good health had been developed for residents, based on each person's assessed needs.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Views of people who use the service</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Admissions and contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Compliance Plan for Abbey View Residences OSV-0003453

Inspection ID: MON-0026606

Date of inspection: 08/03/2019

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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 21: Records:
The PIC has amended the recording format and content for evacuation drills to ensure that details of the drill are clear and that opportunities for learning from each fire evacuation are clearly stated and contain smart actions for follow up, where required.
This was completed on 5th April 2019
The content and follow up of fire evacuation drills records will be reviewed locally by the PIC and by the Provider/Designate during 6 monthly Unannounced visits.

<table>
<thead>
<tr>
<th>Regulation 3: Statement of purpose</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The PIC is reviewing the Statement of Purpose to ensure it states all information as required by the regulations and will update the SOP as required by 19th April 2019
### 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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 21(1)(c)</td>
<td>The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>05/04/2019</td>
</tr>
<tr>
<td>Regulation 03(1)</td>
<td>The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>19/04/2019</td>
</tr>
</tbody>
</table>