Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Abbeyfield Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	24 June 2021
Centre ID:	OSV-0002362
Fieldwork ID:	MON-0032365

About the designated centre

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

Abbeyfield Residential is a designated centre operated by St. Michael's House and is situated in North Dublin. It provides a residential services to six adults with a disability. The centre is a bungalow which comprises of six bedrooms, kitchen, sitting room, dining room and utility room. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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:

Date	Times of Inspection	Inspector	Role
Thursday 24 June 2021	09:30hrs to 15:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met with each of the residents that lived in the centre and observed them in their home throughout the course of the inspection. The inspector did not spend extended periods of time with residents and observed social distancing measures when speaking with residents.

On arrival to the centre the inspector carried out a brief walk through of the premises. At this time residents were preparing for the day ahead, and were seen having breakfast and discussing plans with staff. The inspector met one resident who had a recent birthday. This resident told the inspector of their celebrations, which included family visits and a small outdoor party. On the day of inspection there was a gazebo erected in the garden with additional seating set up to accommodate a visit from the residents sibling. The resident showed the inspector gifts and cards they had received and shared that they were looking forward to seeing their sibling later that day.

The inspector met with another resident who was going out to visit a family member. The resident was being supported by staff to prepare for their visit and staff had helped them to organise a gift for their relative. The resident also told the inspector that they had other social plans later in the evening. Another resident told the inspector that they had been to visit the hairdresser recently, and showed the inspector their new haircut.

Residents were observed in their interactions with each other and staff. Staff engaged with residents in a cheerful, personal and respectful manner. Staff were knowledgeable of residents' communication needs and methods.

There was sufficient staffing available to meet residents' assessed needs and a review of rosters found that staffing was flexible with regard to meeting residents' changing needs and plans.

Each resident had their own bedroom. Bedrooms were seen to be spacious and well decorated, with residents' personal tastes and preferences reflected in their design. There was a modest size open plan kitchen and dining area which the inspector saw residents congregate in throughout the day. The kitchen was well equipped and there was a utility area with laundry facilities. There was a large living area that had sufficient seating for all residents to use, however some of the furniture was very well worn and required repair or replacement. Some areas of the home required painting, such as the kitchen and hallways. The premises had recently undergone works to improve insulation and energy efficiency.

While residents appeared to get on well with each other, records indicated there were times when there were disagreements or friction between some residents, particularly over the preceding months when residents spent more time together in their home due to government restrictions. A number of these incidents should have

been subject to a safeguarding screening, however they were not identified as potential safeguarding risks at the time they occurred. The provider had carried out a retrospective review of incidents between residents and there were safeguarding plans in place (where necessary) at the time of inspection.

Overall, the inspector found that residents were receiving a person centred service that promoted decision making and independence. Improvements were required with regard to the timely identification and address of quality and safety issues.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The governance and management arrangements had not ensured a safe and good quality service was consistently delivered to residents. While there were a number of areas of good practice identified, improvement was required to ensure that potential risks to residents' safety or quality of life were identified and remedied in a timely manner.

There was a defined management structure in place, with a person in charge managing a team of social care workers, and supported by a social care leader. The person in charge reported to a service manager. The inspector was not satisfied that the roles and responsibilities of all stakeholders were clearly defined, and found that uncertainty with regard to responsibilities and accountability had a detrimental impact to efficiency of the the providers governance and management systems. Consequently, potential safety and quality risks were not recorded and reported in accordance with the providers policies.

The provider had ensured that a nominated person carried out an unannounced visit to the centre on a six-monthly basis, and completed a report on the quality and safety of the centre. It was found that these visits were effective in overseeing the management of the centre and a review of these reports found that a number of quality issues were identified. However, while there were plans developed to address the issues found, these plans were not implemented in a timely manner and a number of actions were carried over into later reports. These delays were due in part to the lack of clarity with regard to local management roles and responsibilities.

There were sufficient staff available to meet residents' assessed needs, with a team of social care workers supporting residents on a twenty-four hour basis. Staffing arrangements were seen to flexible and provided continuity of care to residents. Generally, staff had the necessary skills and qualifications to meet residents' needs, and nursing care was provided as required.

Staff had access to training in a variety of areas to support them in their roles. While

there was a system in place to monitor the training requirements of staff, the inspector found that this wasn't utilised to full effect and there were some delays in receiving staff training records on the day of inspection. Notwithstanding, records received indicated that staff had received training in areas such as fire safety, safe administration of medication and infection control. Refresher training was available to staff.

Improvement was required with regard to staff supervision. While there were formal supervision arrangements in place, supervision meetings had not occurred as frequently as outlined in the providers policy. A review of supervision records found that while staff used the process to raise concerns and identify areas for professional development, these areas were not acted upon or escalated appropriately. The provider had identified that the area of staff supervision required improvement, and there were plans in place to address this.

The provider had not ensured that incidents that require notification to the Office of the Chief Inspector were notified within the required time frames. The provider had identified a significant number of potential safeguarding incidents that should have been notified within 3 days of their occurrence. The provider had carried out a retrospective review of incidents and these incidents were notified belatedly. This issue was raised at a previous inspection and the provider submitted a compliance plan which committed to improving compliance in this area.

While there were substantial oversight arrangements in place, it was found that a number of systems were not being used or were used sub-optimally, and as such there were delays in identifying service deficits. Overall it was found that the governance and management arrangements were not effective in monitoring and responding to emerging risks.

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training and refresher courses in order to carry out their roles. Where further training was required, this was facilitated.

Substantial improvement was required with regard to supervision of staff. The inspector was not satisfied that supervision occurred as frequently as required, or

that the supervision arrangements were effective in promoting continuous professional development and professional accountability.

Judgment: Not compliant

Regulation 22: Insurance

The provider had ensured that the centre was adequately insured against risks to residents and property.

Judgment: Compliant

Regulation 23: Governance and management

While there was an established organisational structure in place, it was found that the lines of authority and accountability were unclear. The governance and management arrangements were not reliably ensuring that the service received by residents was safe and of good quality.

Although the governance and management systems in place had identified some gaps in the quality and safety of care through planned audits, the identification of emerging risks was found to have been delayed by the ineffective use of local quality assurance mechanisms, and poor record keeping and reporting.

Some issues that had been identified by the provider, or during previous inspections, had not been sufficiently addressed.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had not given notice of all incidents that require notification to the office of the chief inspector. Actions taken by the provider since the previous inspection were ineffective in ensuring compliance with this regulation, and further improvement was required in relation to record keeping and identification of incidents.

Judgment: Not compliant

Quality and safety

The governance and management arrangements in the centre did not support the ongoing and consistent provision of safe and quality care. While there were some good practices observed in relation to the delivery of healthcare and person centred care, the quality of the service was significantly impacted by the under-utilisation of quality assurance systems.

The inspector reviewed the healthcare arrangements in the centre and found that residents had access to a comprehensive range of healthcare services to promote good health. There were healthcare plans in place for any identified healthcare need, and these were found to provide clear guidance as to how residents' healthcare needs were supported, in accordance with professional recommendations and residents' own wishes. Residents had access to a general practitioner and a range of allied health care professionals.

There were arrangements in place to safeguard residents, however it was found that the systems in place had not been used appropriately and that not all safeguarding concerns were reported and investigated promptly. The provider had retrospectively identified this issue and had undertaken a review of the safeguarding risks in the centre. Concerns regarding the identification and reporting of safeguarding concerns were raised at the previous inspection and the provider submitted a compliance plan to address the identified deficits.The inspector was not satisfied that the provider had taken sufficient action to fully address the area of non-compliance.

At the time of inspection there was a safeguarding plan in place for any identified safeguarding risk, and safeguarding concerns had been reported to the relevant statutory agencies. The inspector identified two further incidents or allegations that should have been subject to a safeguarding review. These were brought to the provider's attention on the day of inspection, and the provider gave assurance that these would be retrospectively screened. The provider, stemming from their own investigations, had also committed to making further training available to stakeholders with regard to their responsibilities in this area.

The provider had taken substantial action to identify and mange risks associated with COVID-19. There were a wide range of infection prevention and control measures in place. There were a range of contingency plans in place which were used to good effect during an outbreak of COVID-19 that occurred in the centre earlier this year. Residents' healthcare needs were supported during this time, and the provider ensured that all interventions and control measures in place were in line with national guidance.

There was adequate and suitable personal protective equipment (PPE) available and staff were observed using PPE in accordance with the relevant guidance.

There were suitable fire safety arrangements in the centre, such as fire detection and alert systems and containment measures. Staff had fire safety and evacuation

training. There were evacuation plans in place for each resident which reflected their abilities and support needs. Residents took part in planned evacuation drills There was a fire safety risk assessment undertaken and reviewed at regular intervals.

Overall, the design and layout of the premises was appropriate in meeting residents' needs. Each resident had their own bedroom that was decorated to their own tastes. Residents' bedrooms were well equipped and decorated in a homely manner, with personal items and photos on display. Some areas required painting, such as the kitchen and skirting throughout the house. One bathroom had mould present on the ceiling. Some furniture in communal areas required repair or replacement. The provider had carried out upgrade works on the premises to improve insulation and energy efficiency.

Regulation 17: Premises

Some furniture and fittings required repair or replacement, for example the sofa was very well worn and discoloured in parts, the coffee table in the living area was damaged and had a broken handle, and the curtains had a large tear. There was also some minor damage to walls and mould on ceiling in one bathroom.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspector reviewed matters in relation to infection control management in the centre. The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19.

Staff had received training in infection control and hand hygiene. There was adequate and suitable personal protective equipment (PPE) available, and guidance was provided to staff in relation to its use. Residents had access to an immunisation programme according to their will and preference.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre, including a fire alarm system, emergency lighting and fire fighting equipment, which were kept under ongoing review. Fire drills were completed regularly and learning from fire

drills was reflected in residents' evacuation plans.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents had been comprehensively assessed. Residents had access to a general practitioner of their choosing, and their healthcare needs were reviewed at planned intervals.

There were clear personal plans in place for any identified health care need, and these incorporated recommendations of specialists where applicable. Residents availed of the services of a range of allied health professionals in accordance with their needs.

Judgment: Compliant

Regulation 8: Protection

The safeguarding arrangements were found to be ineffective in identifying and addressing safeguarding risks in accordance with national policy. There were a number of safeguarding issues that were not identified or reported within a suitable time frame.

A review of records found a number of allegations were not investigated within the time frame set out in the provider's own safeguarding policy. While the provider had carried out a retrospective review of safeguarding risks in the centre, this review did not encompass all risks identified at the time of inspection.

Judgment: Not 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Abbeyfield Residential OSV-0002362

Inspection ID: MON-0032365

Date of inspection: 24/06/2021

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: · Support Meeting with all staff completed by 30th August 2021 · PIC has scheduled support meetings with all staff every 6 weeks for the remaining year. · Issues addressed by staff during these meetings will be actioned in a timely manner. · Areas of profession development identified through staff support and supervision process and where skill development identified appropriate training sourced. · Escalation of issues disclosed during these sessions to be undertaken in a timely manner by PIC	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: · Review of all outstanding actions in the DC to be completed by the 5/8/2021 · Requirement for all Monthly data sheets to be completed every 4 weeks and submitted to Service Manager for discussion at the support meetings · All audits and Action Plans will be completed in a consistent and timely manner with Monthly Audits being completed within the first week of the month. · Meeting with PIC and Health and Safety officer, and planned review of all risk assessments within the DC by 10th Aug 2021 · 32 regulation review to be completed by PIC by the 15/8/2021	

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
· Review of Safeguarding systems within the DC, and establishment of clear, consistent criteria to guide staff in the identification and reporting of incidents of concern.
· All Notifications to the regulator will be submitted within the required 3 day timeframe
· Review of any safeguarding concerns at monthly meetings with PIC and service manager, and establishment at this stage that escalation has happened.
· Accident and incident tracker in place
· All incidents notified to regulator will have where specified, Preliminary screening documentation and formal safeguarding plan in place

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
· Review of furniture within the sitting room, with input from OT regarding the height requirement for residents within the DC. Replacement furniture to be sourced by 15/8/2021
· Curtains replaced 31/7/2021
· Coffee table removed and replaced 23/7/2021
· Works to address damage to walls and redecorating 30/10/2021
· Redress regarding Mould in bathroom, further investigation with specialist contractor regarding roof insulation, and mechanical ventilation. 30/9/2021

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
· Retrospective review of safeguarding completed and outstanding incidents Notified to the regulator and Community safeguarding prior to HIQA inspection on the 24/6/2021
· Safeguarding training of the team completed with Designated Officer, and Principal social worker on the 11/6/2021
· Each resident met with identified social worker where their wishes were documented

11/6/202

- Ongoing Review of any incidents of concern by PIC and Service manager, with evidence of follow up with senior management and or safeguarding team.
- Escalation of any issues disclosed during staff support sessions to be undertaken in a timely manner by PIC
- Briefing of PIC and PPIM on the 28/7/2021 on the Regulatory requirements and follow up notification to community safeguarding team by Principal Social worker and Service manager .
- All Notifications to the regulator will be submitted within the required 3 day timeframe
- Review of any safeguarding concerns at monthly meetings with PIC and service manager, and establishment at this stage that escalation and follow up of concerns has happened.
- Accident and incident tracker in place
- All incidents notified to regulator will have where specified Preliminary screening documentation and formal safeguarding plan in place

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/08/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/10/2021
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in	Substantially Compliant	Yellow	15/08/2021

	good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	15/08/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	15/08/2021
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support,	Substantially Compliant	Yellow	30/08/2021

	develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Not Compliant	Orange	30/08/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	30/07/2021
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring	Not Compliant	Orange	28/06/2021

	in the designated centre: any allegation of misconduct by the registered provider or by staff.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	28/07/2021
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	30/07/2021