



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

Issued by the Chief Inspector

Name of designated centre:	Abbeytrinity Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	31 May 2022
Centre ID:	OSV-0004067
Fieldwork ID:	MON-0037079

About the designated centre

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

Abbeytrinity Services provides a full-time residential care service to people with an intellectual disability who have been identified as requiring a support level ranging from low to high, and also to people with intellectual disability and autism. This service can accommodate male and female residents from the age of 18 upwards. Abbeytrinity Services cannot accommodate individuals with complex medical or physical needs. The centre is a two-storey house with a garden in a residential area of a rural town. Residents at Abbeytrinity Services are supported by a staff team which includes a social care leader, who is the person in charge, in addition to social care workers and care assistants. Staff are based in the centre when residents are present and a staff member sleeps in the centre at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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 (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 31 May 2022	09:00hrs to 14:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents enjoyed a good quality of life and they had regular access to their local community. Residents' independence was also promoted and the arrangements which were implemented by the provider ensured that many aspects of care were maintained to a good standard. However, this inspection found that improvements were required in regards to fire precautions and also in regards to healthcare. These issues will be discussed in the subsequent sections of this report.

There were five residents using this service on the day of inspection and the inspector met for a short period of time with one resident as they were waiting to go to their day service. This resident stated that they liked their home and that staff were nice. The inspector also observed one resident walking to their respective day service independently and the staff member who was on duty observed them from the footpath and waved to them as they headed off.

The centre was undergoing significant internal refurbishment on the day of inspection. A staff member showed the inspector a new kitchen which was nearing completion and also a bathroom which had been completed. As a result of the refurbishment, a temporary kitchen had been set up where residents could make light snacks and meals. The staff member explained that residents generally went out for their dinner in the evening and that all other meals were prepared in the centre.

The staff member who was on duty had a good rapport with the resident who was in the centre on the morning of inspection. They chatted freely with them and the resident said goodbye as they were going to the day service. The staff member discussed at length each resident's care needs and it was clear that they had a good understanding of each resident's preferences in regards to care. They also explained how two residents liked to access the community independently and that they were assisted to take a safe route into the nearby local town. The staff member explained that one resident would let staff know when he was going shopping and that prior to COVID 19 both residents used to walk into town 'for a pint' together.

The staff member explained that due to the building works temporary measures were in place for the cleaning and sanitisation of the centre. The staff member pointed out that a new mop storage facility was going to be introduced and that he was aware of a new cleaning system which was due to be introduced following the completion of the building upgrade. Each resident had their own bedroom and there were an ample amount of shared bathrooms, with two residents on the ground floor having a shared en suite arrangement. Even though the house was undergoing refurbishment there remained a pleasant and homely feel. There were photographs on display of residents enjoying days out together and there was a comfortable sitting room for residents to relax. Residents also had the use of a pleasant back

garden which had garden furniture and patio area.

Overall, the inspector found that residents were supported to be active in their local community and they had a good quality of life. However, there were improvements required in regards to some areas of care which did impact on the overall quality of the service, and also some aspects of fire safety.

Capacity and capability

The provider had management systems in place to provide oversight of care practices. Although, all internal audits and reviews had been completed as required by the regulations, some adjustments were required to the oversight of care to ensure that areas such as fire safety were well maintained.

The provider had completed the centre's six monthly audit over two separate days which examined various aspects of care. However, the inspector found that the time-line between audits indicated that the requirements of the regulations had not been met. Furthermore, the completed audit did not identify issues which were found on this inspection in regards to fire safety. It also required further improvements as it lacked sufficient examination of care practices to assure the provider that the quality and safety of care was maintained to a good standard at all times.

The provider had a rota in place which indicated that residents were supported by a familiar staff team. The staff member who met with the inspector had a good understanding of residents' care needs and was also observed to interact with a resident who was present in a kind and caring manner. The staff member stated that they felt supported in their role and that the person in charge was readily available should any concerns arise. The person in charge stated that regular team meetings and staff supervision was occurring; however, records of these meeting were unavailable for review on the day of inspection.

The provide had a mandatory and refresher training schedule in place which ensured that residents would be supported by a staff team which was appropriately trained. Records which were in place indicated that staff had completed training in safeguarding, behavioural support and fire safety. Although, training had been provided which was relevant to residents' care needs, the provider did not have records in place to demonstrate that staff members had completed relevant training in hand hygiene, infection prevention and control (IPC) and the use of personal protective equipment (PPE).

Overall, the inspector found that residents did enjoy a good quality of life and they were actively involved in their own communities; however, improvements were required in regards to internal auditing to ensure that overall care was maintained to a good standard and also that fire safety issues, which the provider was aware of,

were addressed promptly.

Regulation 15: Staffing

The provider ensured that residents were supported by a staff team who was familiar to them. A staff member who met with the inspector had a good understanding of residents' care needs and they also felt supported in their role.

Judgment: Compliant

Regulation 16: Training and staff development

Although the provider ensured that staff were trained in areas such as safeguarding, fire safety and behavioural support, the provider was unable to demonstrate that staff members were trained in areas such as hand hygiene, the use of PPE and IPC.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider failed to demonstrate that the centre's six monthly audit had been completed as required by the regulations. Improvements in the oversight of this centre were also required to ensure that all audits were robust and assisted in ensuring that the quality and safety of care was maintained to a good standard at all times.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of records indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector found that residents had good access to their local town and that visiting neighbours and friends was supported and encouraged. Although, many aspects of care were maintained to a good standard, significant improvements were required in regards to fire safety. Additional improvements were also required in regards to the healthcare arrangements, including end of life planning for one resident.

The provider had fire precautions in place such as an alarm system, fire doors, emergency lighting and fire fighting equipment. Staff were completing regular checks of these precautions to ensure that they were in good working order and an external contractor had completed servicing of all fire equipment. Staff were also completing regular fire drills which indicated that some residents could be evacuated in a prompt manner. However, a recent fire drill indicated that one resident refused to evacuate and a review by an internal safety audit indicated that this issue required further attention, but this had not occurred at the time of inspection. Furthermore, the personal emergency evacuation plan for this resident also indicated that they may refuse to evacuate in the event of a fire, but no further efforts had been made to resolve this issue. In addition, the provider also failed to demonstrate that one fire door which was located in a resident's downstairs bedroom would close in the event of a fire.

Residents were well supported to enjoy life and they were out and about in their local communities on a daily basis. As mentioned earlier, two residents went into their local town when they wished to browse around the shops. One resident was also supported to visit a neighbouring house to see their friends and they also walked to their day service independently. A review of daily notes showed that residents liked going out to restaurants and they also received visits from their family on a regular basis.

The provider had a system in place for recording and responding to incidents which may have an impact on the quality and safety of care which was provided. The person in charge held responsibility for the oversight of incidents and a review of associated records indicated that the safety of residents was actively promoted. However, some improvements were required to the maintenance of risk assessments in this centre. Although, there was no immediate impact on care, some risk assessments which were in place were not reviewed in a consistent manner with some assessments in place without a risk assessment rating applied which did not ensure that the provider had detailed knowledge of risks in this centre.

Residents had good access to their general practitioner and they were also supported in times of illness to seek specialist medical attention. A detailed plan of care was also in place for the care of a resident with dementia which assisted in ensuring that a consistent approach to care was offered. Although, some areas of healthcare were well maintained some improvements were required. For example, a resident who had a history of dehydration did not have fluid monitoring in place to

ensure that their fluid intake was recorded. Furthermore, end of life planning also required further review as a plan which was in place on the day of inspection did not take into account all requirements of the regulations.

As mentioned earlier, the centre was undergoing extensive renovations at the time of inspection and the person in charge discussed with the inspector the infection prevention and control (IPC) arrangements which would be introduced when these works were completed. A detailed cleaning plan had been devised and specific named solutions were identified to be used to clean and disinfect identified areas of the centre. Although, this was a positive example of care, the proposed cleaning arrangements were not in line with IPC guidance which was in place. For example, the provider's IPC policy referenced an external guidance document for the IPC arrangements in this centre, but the proposed cleaning solutions were not in line with this guidance. Furthermore, guidance which was in place also detailed that the centre's cutlery and crockery should be washed at a specific temperature; however, the centre's dishwasher was unable to reach this temperature.

Overall, many aspects of care were maintained to a good standard and residents appeared to have a good quality of life; however, adjustments were required in areas such as healthcare, risk management and IPC with significant improvements also required in regards to fire safety.

Regulation 12: Personal possessions

Each resident had their own bedroom where they could have their own privacy and have space for their own possessions. Residents were supported to purchase their own belongings and they had access to their own money. Each resident had an account in a financial institution and they were supported by staff to access their own funds as they required. The provider had an oversight monitoring system in place to ensure that residents' belongings, including money were safeguarded. A review of this system indicated that any money which was spent on behalf of residents was accounted for.

Judgment: Compliant

Regulation 17: Premises

The centre was undergoing significant refurbishment at the time of inspection and the provider had ensured that each resident had their own bedroom and access to a number of shared bathrooms and shower facilities. There was also a large reception room in which residents could relax and the garden had a mature lawn and a separate patio area for residents to enjoy.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had responded to all recorded incidents in a prompt manner and the actions taken by the staff team ensured that the safety of residents was promoted. There were a number of risk management plans in place which assisted in promoting safety in this centre but improvements were required as a number of these plans were not risk rated or reviewed on a regular basis.

Judgment: Substantially compliant

Regulation 27: Protection against infection

A staff member who was on duty explained the cleaning regime in the house and they were observed to wear a face mask and to sanitise their hands frequently. The person in charge proposed to introduce an enhanced cleaning and disinfection programme following the completion of building works; however, this programme was not in line with IPC guidance which was in place. Further improvements were also required as the recommended washing of crockery and cutlery could not be facilitated in this centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although fire safety was taken seriously in this centre and many areas were suitably maintained, the provider failed to demonstrate that all residents could be safely evacuated in the event of a fire. This information was known to the provider prior to this inspection; however, a further review of fire precautions had not occurred which did impact on the fire safety arrangements for one resident. A review of fire containment was also required as the provider also failed to demonstrate that all fire doors would close in the event of a fire occurring.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which was comprehensive in nature and clearly outlined residents care requirements and how they preferred to have these requirements met. Plans were reviewed as required and residents were supported to attend their individual planning meetings where they were supported to identify personal goals which they would like to achieve.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to healthcare and medical professionals were readily available in times of illness. On this inspection, improvements were required to ensure that a resident with a medical history had suitable monitoring in place. Further improvements were also required in regards to end of life care planning to ensure that all requirements of the regulations were in place.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were no positive behavioural support plans required and the centre was free from restrictive practices which promoted residents' rights and access to their home.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding plans required and safeguarding procedures were known by a staff member who was on duty.

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 (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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Abbeytrinity Services OSV-0004067

Inspection ID: MON-0037079

Date of inspection: 31/05/2022

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will have updated their training in hand hygiene, use of PPE and IPC by 31/07/2022. The training matrix will be updated accordingly.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An error was found in recording the time of the previous provider led audit, and an update has been provided to the designated centre to indicate the correct, longer time spend on the audit. There was a gap in the separate days due to renovations at the designated centre. An issue in relation to fire safety as described in the audit report was identified on the first visit and rectified by the second visit. The next provider led audit for the designated centre will include further review of the quality and safety of care of residents. Auditing system in place in the designated centre, for areas such as IPC, finance, medication, fire, training, and records are now available on site.	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Risk assessments have been reviewed and appropriate risk ratings identified. The PIC will review risk assessments on a regular basis. Risk register is reviewed in conjunction with the PPIM at regular staff support and development meetings.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>There is a detailed cleaning plan now in place and reviewed by the PIC on a monthly basis.</p> <p>The organisation's Policy on Infection Prevention and Control notes that 'the organisation has adapted the principles of the 'HSE Guidelines on Infection Prevention and Control (IPC) Community and Disability Services'. The policy states that 'This resource is to be used as a reference guide to provide useful support and advice to staff and other relevant parties such as volunteers. It is recognised that while some of the elements of the comprehensive resources noted above appear to apply more to acute healthcare settings, however, they can be referred to for guidance with regard to overall principles and best practice.' In relation to cutlery and crockery in the designated centre, this is washed at the highest intensive setting on the dishwasher.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Contact has been made with the local fire officer to arrange a full house inspection to assist in reviewing the Centre Emergency Evacuation Plan and Personal Emergency Evacuation Plans and awaiting scheduled appointment in this regard.</p> <p>The issue with one fire door due to recent maintenance works carried out has been resolved. In relation to the issue with another door, work is scheduled for the door to be fitted with an electronic closure mechanism.</p>	

Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: Fluid intake records are now in place for the resident identified. End of life care plans have been updated to meet the regulation requirements.	

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)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	25/07/2022
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	31/07/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an	Substantially Compliant	Yellow	31/07/2022

	unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	16/06/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/06/2022

	associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	08/07/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	08/07/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	10/06/2022
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Substantially Compliant	Yellow	30/06/2022