



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

Issued by the Chief Inspector

Name of designated centre:	The Abbey
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	23 March 2022
Centre ID:	OSV-0005444
Fieldwork ID:	MON-0027705

About the designated centre

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

The designated centre provides a full-time residential service to individuals who require support with their mental health, a diagnosis of autistic spectrum disorder, an intellectual disability or an acquired brain injury. This service can accommodate both male and female residents from the age of 18 upwards. On the day of inspection, four male residents resided in the service. The centre consists of a detached, two storey house, located in a rural setting. The house has been sub-divided into three dwelling areas. The ground floor of the house has a living room, sun room, dining room and kitchen / utility room and a staff office. Two residents reside on the ground floor in separate living areas where they each have a separate bedroom and living / kitchen area with adjacent bathroom and en-suite facilities. Two residents have separate bedrooms and en-suites, on the first floor. The first floor also accommodates a living room that can be used as a staff sleepover room at night. There are two store rooms on this floor. Gardens located to the front and rear of the house are well maintained, with mature planting. One area is designated as a car wash facility, that one of the residents utilises. Washing machines and driers are located in separate sheds to the rear of the property, as are cleaning equipment. These sheds do not form part of the registered centres footprint. During the day, service users engage in personalised programmes and they can avail of training opportunities. These are delivered through an outreach service, by the provider, in a separate location. The staff team includes assistant support workers and social care workers, led by two deputy team leaders and a person in charge. Residents have access to multidisciplinary professionals, either through the health service executive or professionals employed by the registered provider.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 (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
Wednesday 23 March 2022	09:30hrs to 16:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector was met in the front garden area of the designated centre by the person in charge and a staff member. A resident who was being supported to take part in a community activity, spoke briefly with the inspector. For the purposes of infection prevention control, the inspector was located in a downstairs living room, while reviewing documentation. This room was well ventilated and all interactions with staff were for durations of under 15 minutes and subject to social distancing. The inspector and staff all used filtering face pieces (FFP2) masks.

There were four residents living in the designated centre on the day of inspection. One resident slept during the day and was supported at night time to cook. This was a long established routine and staff supports allowed direct one to one supervision at night time. Two residents lived in individual apartment like settings. Both residents did not use words to communicate and were wary of the inspector. As a result, the inspector spent only short periods observing these residents. However, the inspector spoke with these residents' family members by phone, after the inspection. Parents told the inspector that they had no concerns relating to the quality of services provided to their relative. The inspector was told that the services had turned the residents life around in a positive way, that the residents want for nothing and staff members treat residents like buddies rather than service users. Families stated that staff have a tough job but they are always found to be doing the best they can, in the interests of residents. Communication between families and staff was regarded as excellent and visits were facilitated at any time.

One resident used words to communicate and the inspector met with this resident after their return from a community based activity. This resident spoke of their interest in cars and buses. Many of the resident's activities involved visiting different bus depots and coach providers. The resident was awaiting a bus drivers uniform from one such coach provider and had a road trip and hotel stay planned with the support of their keyworker. This resident who had arranged transportation by coach was excited and looking forward to this mini break. The resident had a desire to be a bus driver and was preparing for a theoretical driving test, as part of trying to achieve that goal. This resident also liked to visit airports and staff in the airport allowed the resident check in baggage and receive luggage labels on their knapsack to enhance their visit experience.

The inspector observed that the designated centre was bright, clean and well maintained. Residents had been supported to personalise individual and communal living areas. Bedrooms had appropriate and sufficient storage for personal effects and clothing, based on residents assessed needs and tolerance. Some residents had risk assessments in place. Actions arising from these assessments determined the level of risk or distress caused to residents and why some items needed to be securely stored. The inspector reviewed care plans and activity records that reflected a focus on each resident's wellbeing and were maintained to a good

standard. The garden areas were well maintained and sensory equipment particular to one resident had been installed in their enclosed garden area. These comprised of familiar household fittings that the resident was drawn to and received sensory gratification from. The designated centre had a number of vehicles used to support residents maintain links with the community. These were seen to be in good condition. One resident, who had an interest in vehicles, had been supported to develop a designated car wash area to the front of the premises.

Staff demonstrated good knowledge in relation to the cleaning of the designated centre and the prevention and control of infection. The entrance had a disinfectant bath for disinfecting footwear. Temperatures were recorded on arrival and the access was through a designated utility room. This area was clean and significant personal protective equipment (PPE) supplies were stored properly. Additionally, during a persons shift or a visitors stay in the designated centre, a repeat temperature was taken and recorded. Strict adherence to the registered providers infection control policy was reflected in records. Additional cleaning was undertaken by all staff. Separation and segregation of cleaning products, equipment and colour coded cloths were observed. The registered provider also had high-efficiency particulate arrestance filters (HEPA) in use in the designated centre, to improve air quality.

The person in charge was employed in a full-time capacity and worked on site providing direct support and supervision to all staff. The person in charge was supported directly by a person participating in management who regularly called to the designated centre. The staff structure allowed for rostering of a deputy team leader across the seven day week.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector found that the designated centre overall, was well managed to meet the assessed needs of residents. Staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and well cared for. The focus of care was person centred.

The registered provider had in place a team of care staff that were well trained. The person in charge was employed in a full-time capacity. Some residents were known to the person in charge for many years, who had worked in other designated centres that residents had relocated from. The person named as participating in management had previously occupied the person in charge role. Staff numbers allocated to the designated centre by day afforded person centred care and there was evidence that activities were facilitated when residents were not attending

specific day services. A resident said that they felt safe and well supported by staff. The registered provider had changed the staff complement on duty at night time to one waking staff and one sleepover staff, based on residents assessed needs. The provision of one to one staffing to each individual resident by day was both evident and appropriate to the assessed needs of residents. Staff meetings were occurring regularly and the person in charge was supported by two deputy team leaders. Individual staff supervision sessions were taking place and accurately recorded. The inspector reviewed a sample of staff supervision records maintained in the designated centre. The person in charge and the deputy team leaders had recorded a number of unannounced night visits that they had undertaken, the most recent being in February 2022.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider had not been effected by the COVID-19 restrictions. The training records of fifteen staff were reviewed. 100% of staff had been in receipt of refresher training in fire and safety and all staff had current training in the management and prevention of aggression. All staff had current training in relation to safeguarding vulnerable adults. Staff training records demonstrated recent training in breaking the chain of infection as well as the proper use of PPE. Staff had undertaken hand hygiene training. Staff had undertaken training in relation to the safe preparation of food. Staff had also undertaken additional training to meet the assessed needs of the residents.

Six monthly unannounced audits and the annual review of the service were undertaken and areas for improvement were identified. The most recent six monthly audit had taken place in January 2022, while the annual review had been undertaken in September 2021. All areas identified were actioned and at various stages of completion, in line with the stated time frames. The review did demonstrate a comprehensive review of the quality and safety of care and support in the designated centre. Areas included a review of service users files, safety walks, medication audits, health and safety audits, fire checks, vehicle checks, cleaning checks, residents finance books, care planning and key worker sessions. As part of the annual review, residents and families were surveyed. Overall feedback from families was positive.

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection. The person in charge ensured that the statement of purpose was updated and had been submitted to support the registered providers application to renew registration. The directory of residents was well maintained and all relevant information was current. A certificate of registration was clearly displayed in the designated centre. Each resident had a signed contract outlining the terms and conditions of their residency. This was provided in an easy-to-read format.

The provider had in place a complaints policy and all complaints were well documented in a complaints log, which was up-to-date. How to make a complaint was displayed, in an easy to read format, in the designated centre. Details on how to contact a confidential recipient were also on display. The information was clear on how an appeals process could be accessed. Only one complaint had been made by a

resident, since the previous inspection. The complaint had the satisfaction of the complainant noted. The resident informed the inspector that they were happy with how their complaint was addressed.

Notifications of incidents arising per regulation 31 were notified to the Health Information and Quality Authority (HIQA). Appropriate safeguarding actions were implemented by the provider and this was evident through the allocation of additional staff resources and the layout of the designated centre to afford residents separate accommodation facilities.

The registered provider had ensured that the application to renew registration of the designated centre had been made to the Chief Inspector in a timely manner and in compliance with schedule's 1, 2 and 3 requirements.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had provided all required documentation to support the application to renew registration, in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the qualification and skill-mix of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were

properly supervised. Staff had undertaken specific training based on the assessed needs of residents.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents for all residents availing of residential services.

Judgment: Compliant

Regulation 23: Governance and management

The registered providers had management systems in place to ensure the service provided was safe.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The person in charge ensured that each resident had a current support agreement in place that was signed by the residents or their parents, if residents were unable to sign.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose that was available to residents and their families.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified to the Chief Inspector all notifications and incidents within three working days.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints process and procedure that was known to residents and the satisfaction of complainants was recorded.

Judgment: Compliant

Quality and safety

Overall, the inspector found the designated centre was providing a service that was safe for residents. The general welfare of residents was promoted and concerns raised by residents were effectively dealt with. Staff and resident interactions were observed to be warm, respectful and meaningful. Residents liked living in the designated centre and enjoyed the homely atmosphere.

There was evidence that residents had a meaningful and active life despite the limitations of the COVID-19 epidemic. Residents were observed to be unhurried and given time and opportunity in the morning to have their breakfast and plan for the day. Staffing levels by day supported person centred planning and individualised support. Residents were supported by staff to partake in recreational activities. Some of the supported activities included walks in places of interest to residents. Residents attended parks, coffee shops and shopping centres as well as structured day services.

Staff demonstrated good knowledge in relation to preventing the spread of healthcare associated infections. There were PPE supplies within the designated centre and staff were observed to have good hand hygiene practices. The lead worker representative reminded staff of hand hygiene requirements, at the start of each shift. A self assessment tool issued by HIQA, to determine the registered providers ability to respond to infection prevention issues, had been completed every 12 weeks. The registered provider had a contingency plan in place to deal with an infection outbreak. This was known to staff. Staff had undertaken additional eLearning modules relating to infection control prevention. There was a recorded cleaning schedule maintained for frequently touched areas and the designated centres transport. The team leader maintained a record of staff temperatures. Most staff had undertaken training in the safe preparation of food.

The premises presented as well kept, clean, tidy and properly maintained. Bedroom areas were well maintained, as were communal areas used by residents and staff. Dedicated storage was in place for cleaning equipment. Each resident had an individual washing machine and drier, with the exception of two residents who shared the use of a drier at different times. Each resident had adequate storage for their personal clothing and possessions.

The fire and safety systems in place were to a good standard. All fire equipment, detection systems and emergency lighting were serviced in the current year. A fire safety checklist was completed by staff on a daily and weekly basis. Fire doors were checked weekly and all fire equipment checked by staff on a monthly basis. All fire exits and escape routes were clear of obstruction on the day of inspection. Fire drill evacuation times and attendees were recorded. The most recent fire drill had occurred in February 2022. Each resident had a current personal emergency evacuation plan (PEEP) in place. Practical on-site fire and safety training had taken place in September 2021.

All communication was observed to be respectful and done in a manner that supported residents. Residents had access to communal televisions. Residents also had access to telephones within the designated centre and some used their own mobile phone. Each resident's communication passport was part of their overall individual care plan. Staff used photographs and pictures to impart information to residents in relation to daily activities and staff on duty.

A resident informed the inspector that they enjoyed the variety of food in the centre. It was evident that there was food and snacks of choice accessible to residents. Supplies included dry and frozen goods as well as fresh fruit and vegetables. The resident said they enjoyed cooking with staff. Staff were vigilant in relation to the risks posed by food to some residents and a high level of support was given to residents when eating. This was also captured accurately in the residents' care plans.

The support of residents' rights were evident through choice of activities and times of activities determined by the residents. There were communal areas as well as private areas for residents to spend time alone with their activity of choice, watch movies, as well as receive visitors. Residents had individual bedrooms for privacy. Staff supported residents to have a weekly meeting and all attendees were recorded. The minutes reflected that areas discussed related to complaints, resident safety, planning activities and meals, fire safety and privacy.

Residents had defined goals that were subject to review. Each plan incorporated the input from the resident, their key worker, families and the multidisciplinary team. All personal care planning documentation was readily accessible and maintained in good order. Plans had been formulated after a comprehensive needs assessment. The social report maintained for each resident outlined details of community access, day service provision, transportation, safeguarding plans, positive relationships with peers and family contact.

Each resident had a current plan and information in relation to their healthcare

needs. This plan was comprehensive and covered all aspects of a residents physical and mental health. Physical exercise programmes were in place to assist residents reduce their body mass index (BMI). Changes noted in relation to residents health were supported by relevant follow up assessments and appropriate interventions. Residents who required medical or hospital interventions were supported to do so by staff. Residents files recorded access to a local general practitioner and to the services of specialist consultants. One resident who had a fear of needles had been supported by staff, throughout a recent hospital admission. This resident no longer demonstrated an aversion to blood taking.

Staff in the designated centre had received training to support residents with behaviours that challenge. Each resident that exhibited such behaviour had a behaviour support plan in place. One resident explained to the inspector that there were areas within the designated centre that they could go to, should they feel the need to self regulate. These areas were identifiable by a large green spot, which were known to the resident.

The inspector reviewed specific notifications that had been made previously to HIQA. Safeguarding measures were still in place. Two incidents had been appropriately subject to preliminary screening and the designated officer had been informed of both incidents. The safeguarding action plan in place was subject to regular review.

The restrictive practices in place on the day of inspection had all been previously advised to HIQA. Practices were of the least restrictive means to ensure resident safety and all were individually risk assessed. Records of these practices in residents' files, were in an easy-to-read format. The risk assessments were very clear and outlined the rationale and supports afforded to residents. One resident did not have access to a television that was locked behind a protective screen. This resident had previously damaged a number of televisions. Records did reflect that this resident had restrictive practices logged relating to furnishings without mentioning the television. The person in charge undertook to return the television protection as a restrictive practice and to present the matter to the restrictive practices review committee. Two residents could not tolerate curtains in their respective bedrooms. The registered provider had installed a privacy guard film to each bedroom window to maintain residents dignity. The person in charge was endeavouring to secure a solution that could be applied to bedroom windows externally, that might assist residents differentiate between daytime and night time. The designated centre's risk register had been recently updated. The register also reflected current restrictive practices in place, as well as behaviour support plans, to reduce the likelihood of identified risks.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The registered provider ensured that each resident could receive visitors in line with current public health guidelines.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access activities of choice and recreation.

Judgment: Compliant

Regulation 17: Premises

The designated centre was well maintained and appropriate to the assessed needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The registered provider ensured that each resident had a choice of foods and were supported in the preparation of meals at a time determined by the resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a current risk register in place and risk control measures were proportionate to the risks identified.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections and that the designated centre complied with current infection prevention guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a comprehensive personal plan for each resident that reflected the nature of residents' assessed needs and the supports required.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident having regard to their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that all restrictive practices were applied in the

least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop knowledge, self-awareness, understanding and the skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that resident's privacy and dignity was respected.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant