



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

Name of designated centre:	Abbeydeale Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	21 March 2018
Centre ID:	OSV-0003918
Fieldwork ID:	MON-0021007

About the designated centre

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

Abbeydeale residential service comprises of three separate houses and is well-established in the local community. This service strives to ensure the residents have a happy and content life. Residents have lived in the service for a number of years and enjoy living together. They attend day services in both the local village and in a nearby town, where they have a variety of work, education and social opportunities they are involved in. In the evenings residents choose from a number community activities, such as; local card games, events in local pubs, visiting family and attending religious activities. The houses are regularly maintained, comfortable, decorated tastefully, have a number of en-suites, living rooms, gardens and individualised bedrooms. All houses are tastefully decorated to residents choices. There is transport available to all residents to attend social events and to attend day services. Residents are fully involved in the decision making in their homes and regularly contribute to the housekeeping. They have a very positive relationship with their neighbours and local community.

The following information outlines some additional data on this centre.

Current registration end date:	13/10/2018
Number of residents on the date of inspection:	7

How we inspect

To prepare for this inspection the inspector or 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
21 March 2018	09:15hrs to 17:30hrs	Catherine Glynn	Lead

Views of people who use the service

At the time of this inspection the centre was at full capacity, the inspector met with all residents living in this centre. Residents were observed and also informed the inspector, that they were satisfied with the care and support they received at the centre.

During the course of the inspection, the inspector observed that residents were comfortable with the support they received from staff. All residents were familiar and spoke with all managers that attended the centre, on the day of inspection. Seven satisfaction questionnaire's had been completed by the residents and these stated that overall, they were very happy and felt safe in this service.

Capacity and capability

While governance and management arrangements were generally good improvements were required to the oversight and management of restrictive practices in the service.

The provider's quality assurance measures had identified improvements required in the service. These had been responded to in a timely manner and were found to be complete on the day of inspection. However, the person in charge had failed to recognise, review and monitor all restrictive practices in the centre. In addition, these practices were in place without the consultation or approval of the restrictive practices committee and had not been notified to HIQA.

There was a clear organisational structure and staff confirmed that they were well supported by the person in charge, who in turn was well supported by their line manager. In addition, both were well known to residents and were very familiar with their up-to-date care and support needs.

The inspector saw the annual review and the unannounced six-monthly audit completed by the provider. The inspector found that areas identified for improvement had been completed; however, these audits had failed to identify or recognise the restrictive practices in place in the centre. Records showed that

findings were addressed in a timely manner.

The provider and management team had ensured that any issues arising from the previous inspection of the centre were suitably addressed. Since the last inspection, improvements had taken place. This included: the maintenance throughout the centre, such as, painting and maintenance of external gardens and boundary fences in gardens.

On review of staffing, the inspector found that there was appropriate skill mix and number of staff allocated to support all residents in the centre. In addition, where residents required additional support, the management team had ensured that this was in place.

Regulation 14: Persons in charge

The person in charge worked full time in this centre and had the educational and management qualifications required for the post.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that an appropriate number of staff were employed to meet the assessed needs of all residents. Furthermore, the recruitment process ensured that all staff documentation required under schedule two of the regulations was obtained.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that there was a staff training programme in place. The person in charge maintained a schedule of all training required for staff and ensured that staff had completed refresher training within agreed time frames, as specified by the organisation .

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required in the governance and management of this centre, in relational to operational management and auditing of the centre.

The quality assurance systems in place by the provider were identifying and recognising the use of certain restrictive practices in the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

All residents had a written agreement in place which reflected the services they received.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced the statement of purpose for this centre, as required by the regulations. The information contained met the requirements of the regulations and described all aspects of the service provided to all residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had failed to recognise and notify the Chief Inspector of all notifiable events.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints officers were in place in the centre and the person in charge maintained all complaints received in line with the requirements of regulations.

Judgment: Compliant

Quality and safety

The provider's practices generally ensured that residents' well-being was promoted and that they were kept safe the use of restrictive practices which were not subject to regular review and oversight meant that some elements of service delivery were not in line with best practice guidelines.

The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choice.

Residents' quality of life was prioritised by the systems in the centre, and their rights and choices were supported. The inspector noticed that staff discussed the residents' views and choices with them on a daily basis. Improvement was required in the area of fire safety management in the centre as personal emergency evacuation plans did not consider or outline additional areas of support where residents had medical needs.

The personal planning process ensured that residents' social, health and developmental needs were identified. Personal planning arrangements ensured that each resident's needs were subject to regular reviews, both annually and more frequently if their needs changed. During these reviews residents and staff planned their goals for the following year. Recommendations from annual reviews and multidisciplinary supports were included residents' personal plans to ensure a consistent approach to supporting their needs. Staff had been identified to support the resident to achieve their goals. Residents' personal plans were also available in an accessible format where required.

The provider had ensured that residents had access to medical and services to ensure they received a good level of healthcare. Each resident had access to a general practitioner and attended annual healthcare checks. Healthcare services, including physiotherapy, psychology and behaviour support, were provided by the provider. Other services, such as dentist, dietitian and optician were arranged as required. Plans of care for good health were completed for residents, which identified their specific care needs. This ensured that residents' healthcare needs were identified and that plans were in place to ensure this care was delivered.

The inspector found that the identification and management of safeguarding concerns in the centre was managed effectively and in line with organisational policy. Furthermore, assessments were in place to monitor the behaviours, supports required and evidence of reviews were in place on the day of inspection. These reviews included all Multidisciplinary team staff, and actions were set out as part of these reviews.

While restrictive practices were in place in the centre the provider had failed to recognise and identify two restrictive practices being used in the centre. Furthermore, these practices had not been reviewed by the restrictive practices committee within the organisation and as a result were not subject to regular oversight and review, in-line with local and national policy.

Regulation 12: Personal possessions

There were policies and procedures in place to guide staff to ensure residents property was safe. Residents were also supported to manage their finances in the centre and their independence was respected. The person in charge had measures in place which were agreed with residents to monitor and check their personal finances.

Judgment: Compliant

Regulation 17: Premises

All three houses were found to be well-maintained, decorated and personalised by the residents. Furthermore, the inspector found that the centre met the

requirements of schedule six of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Records were maintained of all residents' dietary intake in the centre. This was monitored and reviewed as required and appropriate multidisciplinary support was in place when required.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, risk management procedures were in place in the centre. However, the person in charge had not ensured that all risks were identified and appropriate controls were in place to mitigate the risk including use of night sedation and the risk of falls and to effective evacuations in the event of fire.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There was a policy in place and all staff were trained in effective infection control measures in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, fire management systems were in place in the centre. However, improvement was required to personal emergency evacuation plans for all residents to ensure that all risks were clearly outlined in the event of an evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

On review of two personal plans; the inspector found they were maintained, up-to-date and included all aspects of care and supports needs required at this time. In addition, allocated staff were responsible for reviewing and maintaining the plans regularly. Where required these plans were also provided in an accessible format to residents.

Judgment: Compliant

Regulation 6: Health care

The person in charge had measures in place to ensure that all residents were supported with their healthcare needs. The inspector found that all residents had timely access to allied health professionals.

Judgment: Compliant

Regulation 8: Protection

Residents were safe and protected in the centre. Where required safeguarding plans were in place and were monitored effectively by all required multidisciplinary supports. All staff had received training and were knowledgeable about the requirements to maintain and support all residents in the centre. Residents spoken with stated they felt safe and supported.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had failed to recognise and report restrictive practices in use in the centre. Furthermore, these had not been escalated to the rights committee within the organisation to ensure that a robust review had occurred and continued until alternative arrangements were in place.

All staff had up-to-date training in positive behaviour support in the centre. The inspector found that all staff were familiar and knew practices that were in place. Reviews were completed as scheduled and included all multidisciplinary staff.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Abbeydeale Residential Services OSV-0003918

Inspection ID: MON-0021007

Date of inspection: 21/03/2018

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: All rights restrictions are recorded on rights checklist. These are used to review the rationale for any restriction and seek to remove the restriction where possible. Rights checklists are forwarded for external review to the rights committee as required.</p> <p>Restrictive practice audits are part of the internal unannounced visit process, where issues arising can be identified and progress monitored through the resulting action plan.</p> <p>In this case, two restrictions will be monitored more closely as part of these oversight arrangements. The rights checklist for the individual concerned will be reviewed. The use of the epilepsy monitor will be added and the description of the 1:1 support will be updated. It will be forwarded to the rights committee for review.</p> <p>Both restrictive practices have been noted to HIQA as per the quarterly notification process. This will be maintained as long as these are in use.</p> <p>Progress in relation to the use of restrictive practices will be monitored specifically in all Internal Unannounced inspections.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The person in charge completes the HIQA quarterly notification process as required. In this case, the two restrictive practices as noted above will now be notified to HIQA as per the quarterly notification process. This will be maintained as long as these are in use.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Each person has a personal risk management plan which sets out in order of severity the potential harm that may occur due to specific risks. Existing controls to manage these risks are also set out. Personal Risk Management Plans are reviewed annually. Where specific additional controls/actions are required to reduce certain risks, these are entered into a local risk register and followed up by the person in charge until the risk is closed as much as possible.</p> <p>Following this inspection the risks in relation to poly-pharmacy, specifically the potential for difficulties during night time evacuation and potential for falls has been included on the relevant individual's Personal Risk Management Plans and their Personal Emergency Evacuation Plans.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Regular fire drills take place. Any issues noted are followed up. Each person has a specific guide called Personal Emergency Evacuation Plan (PEEPS) which describes how best to support them in the event of an emergency evacuation of the service. Following this inspection, all Individual Evacuation Plans have been updated to include potential risks due to prescribed nighttime medication where relevant</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: One individual has a set of support arrangements that were developed as a response to serious behaviours of concern. These are developed in consultation with the person, the person's family, senior psychology, senior social worker, psychiatrist, the HSE and the line management of the service. These were reviewed and approved by the rights review committee who discharged the ongoing review arrangement for these through this person's circle of support where the effectiveness of these supports and the person's satisfaction with them are reviewed annually.</p> <p>Following this inspection, the rights checklist for the individual concerned will be forwarded to the rights committee to request a further review</p>	

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 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	31/5/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	10/05/2018

Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	28/03/2018
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	30/05/2018
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive	Substantially Compliant	Yellow	12/04/2018

	procedure including physical, chemical or environmental restraint was used.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/05/2018