



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

Name of designated centre:	Abbey Respite & 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-0004108
Fieldwork ID:	MON-0020977

About the designated centre

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

Abbey Respite and Residential Services provides a residential service to two residents and offers a respite service to a number of respite users. The centre comprises of two houses, one of which was dedicated to providing a respite service for up to five individuals at any one time. All residents are over the age of 18 and have low to high support needs. The centre is located in a residential neighbourhood of a medium sized town where public transport links are available. Each respite user has their own bedroom which is comfortably furnished and decorated. Full-time residents had decorated their home throughout with personal achievements and photos of family and friends. The centre has an appropriate number of shared bathrooms for residents to use. Suitable cooking and kitchen facilities are available and the reception room is warm and comfortably furnished. Most residents attend day services but one resident is offered an integrated service within their home.

The following information outlines some additional data on this centre.

Current registration end date:	15/11/2018
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	09:00hrs to 18:00hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with five respite users who stated that they enjoyed their stays in the respite service. All residents who met with the inspector were relaxed in the presence of staff and appeared to enjoy their company. Staff in turn, appeared to interact with residents in a kind and caring manner. Residents had their own bedroom for the duration of their stay and the centre was warm and comfortably furnished. The inspector did not meet with two residents who resided in the centre on a full-time basis; however, all questionnaires which were returned to the inspector indicated that they were happy with the service which was provided. Some residents were able to verbalise their thoughts indicated that they were happy in the centre and had free access to all areas of centre for the duration of their stay.

Capacity and capability

While governance and oversight arrangements in this centre were generally adequate, these arrangements had failed to ensure that residents were being kept safe at all times.

The provider had conducted an unannounced audit of the care provided in the centre which identified some minor areas for improvement. The provider had also consulted with residents in regards to the annual review of the service. There was a continuous system of audits in place which gathered data on various elements of the care provided such as medications, fire precautions and health and safety. However, the auditing system failed to identify areas for improvement which meant that residents were at potential risk from harm. For example, identified control measures for residents with epilepsy and at risk of choking could not be consistently delivered due to staff being deployed to another house which was not part of the designated centre. In addition, the provider had not ensured that a safeguarding issue was being effectively reviewed to ensure that residents were safe in the centre and free from harm.

The provider had a suitable management structure in place which incorporated an appropriately qualified and experienced person in charge. The person in charge attended the centre on a regular basis and was found to have a good understanding of the service which was provided to the residents. Staff in the centre stated that they felt supported by the person in charge and by the management structure within the designated centre.

The provider was found to have supported the development of a competent workforce through facilitating both mandatory and refresher training in areas such as safeguarding, positive behavioural support and fire. Staff members were also facilitated to raise concerns about the care provided in the centre by attending regular staff meetings. However, not all staff members were had received training in supporting residents with behaviours of concern.

The provider had produced a statement of purpose which outlined the services which would be provided in the centre and also contained the conditions of registration of this centre which had been issued by the chief inspector. This document outlined the service which which was provided and the supports which would be put in place to provide that service. However, the inspector found that the staff allocation in the statement of purpose was inaccurate as the centre's staff were being used to support a person who was not a resident of this centre. The inspector also found that this document did not contain all prescribed information as stated in the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider was invited to apply to renew the registration of this centre and at the time of inspection the provider was in the process of completing the prescribed information which was required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was in a full time and was appropriately qualified and experienced and was supported by the provider to carry out their role.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident was provided with a written agreement which outlined the services which would be provided and any fees which they may be charged. A sample of written agreements were reviewed which had been signed by residents' representatives and by a person nominated by the provider.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider failed to ensure that the statement of purpose reflected the service delivered in the centre. The inspector also found that this document did not contain all prescribed information as stated in the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had a good understanding of the notifications which are required to be submitted to the chief inspector and the copies of these notifications were maintained in the centre. However, the inspector found that not all notifications were submitted within the required time lines.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured that the competency of the work force would be maintained by offering both mandatory and refresher training in areas such as positive behavioral support, fire and safeguarding. The provider also ensured that staff members would be appropriately supervised by facilitating regular team meetings and one-to-one supervision with management of the centre. However, the provider failed to ensure that all staff members had received training in supporting residents with behaviours that may challenge.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had conducted the six-monthly review as required by the regulations. Some minor areas for improvement were identified following this review, which the person in charge was in the process of addressing.

The provider's oversight arrangements were not effective and did not identify all

areas for improvement in safeguarding and risk management.

Judgment: Not compliant

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents received continuity of care from staff members who were familiar to them. Staff had a good understanding of the care needs of residents and their files contained all prescribed information as stated in the regulations. However, the provider failed to ensure that staff numbers as stated in the centre's statement of purpose were available to residents at all times.

Judgment: Not compliant

Quality and safety

The inspector found that some residents received a good quality service. However, the safety of all residents had not been maintained at all times and the provider had failed to ensure that sufficient staff were always available to support residents with known risks

The inspector met with a number of residents who appeared to enjoy their surroundings and were comfortable and relaxed in the presence of staff. Each resident had their own bedroom and both houses in the designated centre had a homely feel with warm and cosy furnishing in place throughout. Staff in the centre had a good understanding of the care needs of residents and also interacted in a warm and caring manner throughout the inspection.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse. The provider had responded to a safeguarding issue in the centre by implementing a safeguarding plan which involved increased staff vigilance and further review of a behavioural support plan and safeguarding plan. This situation had also been escalated to senior management of the centre and a proposal had been made in regards to seeking an individualised service for a resident. The inspector found that the provider had taken this safeguarding concern seriously and was trying to bring about a positive change for all residents would avail of a service in this centre. However, a review of documentation indicated that incidents continued to occur in the centre and that the provider had not ensured that the safety of all residents was maintained at all times.

This was brought to the attention of the provider and subsequent to the inspection an action plan was implemented to address this issue.

Overall, the inspector found that the provider had not ensured the safety of all residents was maintained by applying appropriate risk management procedures. Each resident had a risk management plan in place in which all identified risks were assessed. All identified risks had been reviewed on a regular basis and appropriate controls had been implemented to manage the effects these risks would have on the resident. However, suitable risk assessments had not been implemented to support these residents to live semi-independently. For example, the inspector found that the control measures introduced to support residents with epilepsy and modified diets, who lived semi-independently, were not being consistently implemented. This was due to staff supporting another person who was not a resident of the designated centre.

A staff member who met with the inspector had a good understanding of the residents' needs and could clearly account for interventions which were used before, during and after behaviour that challenges. There were some behavioural support plans in place which were reviewed on a regular basis; however, one behavioural support plan failed to identify at what stage should a physical intervention should be used when responding to a behaviour of concern.

There were some restrictive practices in place; however, the provider had systems in place to ensure that these were subject to ongoing review and were also assessed in terms of the impact these would have on the rights of the resident.

Regulation 25: Temporary absence, transition and discharge of residents

The action from the previous inspection had been addressed with provisions in place to ensure that residents would be suitably supported when transitioning between services.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge maintained a risk register which outlined all identified risks in the centre. Each risk assessment was rated and had appropriate controls in place to ensure that all available measures were taken to mitigate against the likelihood and impact of these risks occurring. However, appropriate control measures had not been identified in regards to the risk of fire in the centre. Furthermore, the provider failed to ensure that risks in the centre were effectively managed, to ensure the

safety of residents at all times.

Judgment: Not compliant

Regulation 28: Fire precautions

Staff were conducting regular checks of emergency lighting, exits, fire doors, fire extinguishers and the fire alarm panel. The provider had ensured that all fire precautions were serviced as required and emergency procedures were on display. Regular fire drills were occurring in the centre which indicated that all residents could be evacuated in a prompt manner with minimum staffing available. All residents and respite users had taken part in a fire drill and staff had a good understanding of evacuating residents' needs during an evacuation. However, the provider failed to ensure that a fire door in the centre was appropriately maintained and that this fire door would be closed in the event of a fire occurring in the centre. The inspector also highlighted a potential issue in relation to the presence of a suitable amount of emergency lighting to support residents to safely evacuate who may have additional support needs. Subsequent to the inspection, the person in charge completed a fire drill and raised the requirement for additional emergency lighting with senior management of the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal plans and found that a good standard of social care was maintained in the centre. Residents were supported to access their local community on a daily basis to engage in recreational activities. Residents were also supported to identify and achieve personal goals in areas such as personal development and participating in activities which were meaningful to them. However, the inspector found that a recently identified goal for one resident were not supported by an appropriate action plan to assist them to achieve this goal. Some residents' personal plans were made available in an accessible format; however, this was not the case all residents.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to protect residents from potential abuse and

staff in the centre had a good understanding of identifying and reporting suspected abuse. However, during the inspection the inspector identified that safeguarding issues were not being managed and reviewed appropriately which meant that residents remained at risk from harm in the centre. Subsequent to the inspection, the provider implemented an action plan to address an ongoing safeguarding issue.

Judgment: Compliant

Regulation 17: Premises

The interior of the designated centre was clean and warm and appropriately maintained. Residents had access to suitable private and communal areas which were appropriately furnished. The person in charge had introduced a maintenance log since the previous inspection; however, the inspector found that the exterior of one of the homes in the designated centre required some maintenance and further painting.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had supported the independence of residents in the centre by completing an assessment in terms of them managing their own medications. Following these assessments some residents maintained control of their medications. Appropriate storage facilities were also in place. Some residents had epilepsy and may require an intervention in the form of a rescue medication. The provider had implemented a protocol to support the administration of these medicines; however, one protocol contained inaccurate information in regards to the prescribed dosage of medication and one protocol failed to clarify as to when the emergency services should be contacted.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff members on duty had a good understanding of supporting residents who may present with behaviours of concern; however, a behavioural support plan failed to clarify when a physical intervention should be used to ensure that consistency of care was provided to all residents. There were some restrictive practices in place but

the provider had ensured that these were subject to regular review and that all efforts were made to ensure that the least restrictive practice was used.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 15: Staffing	Not compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Abbey Respite & Residential Services OSV-0004108

Inspection ID: MON-0020977

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been revised and sent to HIQA, which reflects current staffing inputs into the designated Centre (14/5/18)</p> <p> </p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>A system has been introduced where all notifiable events including peer to peer incidents and incidents of unknown origin are communicated to the person in charge and Person Participating in Management and the designated officer immediately (1/4/18). This will ensure all notifications are compliant with regulations. This system will be reviewed regularly to ensure it's efficacy.</p> <p>The above system will ensure that all notifications to HIQA will be sent in line with regulations</p> <p> </p>	

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The staff member referred to in the report has now been nominated and accepted for training in Managing Challenging Behaviour on 3/7/18, 4/7/18 and 6/7/18</p> <p>A bespoke MCB training event has been organized for the person with a Studio 3 trainer on 30/5/18.</p> <p>Until full training has been complete for the person, they will be supported by trained staff at all times on duty.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider Unannounced Template has been revised to include a focus on safeguarding, risk management, incidents and restrictive practices</p> <p>Supervision of the Person in Charge will also include review of safeguarding plans, risk management, incidents and restrictive practices.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The Statement of Purpose has been revised and sent to HIQA, which reflects current staffing inputs into the designated Centre (14/5/18). Staffing inputs have been risk assessed and are reflective of assessed needs of service users.</p> <p>There is a roster in place for the designated centre, as well as an attendance register for staff working in the centre.</p> <p>Current staffing levels will be subject to regular review</p>	

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Improvements in Fire safety within the designated centre are being addressed as follows:</p> <p>The Fire Door was serviced on the 27/3/18 and is now fully operational.</p> <p>After a review of emergency lighting in the premises referred to in the report, the installation of extra emergency lights had been agreed and were installed on 21/5/18.</p> <p>Both the personal risk management plans for the two individuals living semi-independently have been systematically reviewed.</p> <p>For the individual with FEDS issues, a more structured staffing support is in place to ensure he is fully supported at mealtimes. This includes the provision of all prepared meals and snacks. His FEDS plan has been reviewed by the SLT.</p> <p>For the other individual, the risks in relation to his epilepsy management have also been reviewed. Given his infrequent seizure activity, this is assessed as a low risk. As an additional support, an epilepsy monitor is being purchased to ensure an effective response should he present with a seizure. This monitor will be in place by 31/05/2018.</p> <p>Staffing inputs have been risk assessed and are reflective of assessed needs of service users. There is a roster in place for the designated centre, as well as an attendance register for staff working in the centre. Current staffing levels will be subject to regular review.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Fire Door was serviced on the 27/3/18 and is now fully operational.</p> <p>After a review of emergency lighting in the premises referred to in the report, the installation of extra emergency lights has been agreed and was installed on 21/5/18</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A communication system priority plan, jointly managed by Speech & Language Therapy by Behaviour Support is currently being developed for the service user in question which will be completed by 30/5/18</p> <p>A process for developing IPs that are in an accessible format is underway and will be completed by 15/7/18</p> <p> </p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The premises referred to in the report will have the exterior painted by 31/8/18</p> <p> </p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The individual emergency medication documents have been reviewed and amended where required to ensure clear instructions are on file for the use of emergency medication. 21/05/2018</p> <p> </p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Behavior Support Guidelines, Personal Risk Management Plan and Physical Restraint Protocol referred to in the report have now been revised by Behaviour Support Specialist and Person in Charge (23/4/18). All information in these documents is now integrated.</p> <p> </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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	14/5/18
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	6/7/18
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	31/8/18

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
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.	Not Compliant	Orange	14/5/18
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.	Not Compliant	Orange	31/5/18
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	21/5/18
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	21/5/18

	containing and extinguishing fires.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	21/5/18
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	14/5/18
Regulation 31(1)(d)	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 serious injury to a resident which requires immediate medical or hospital treatment.	Substantially Compliant	Yellow	1/4/18
Regulation 05(5)	The person in charge shall make the personal plan	Substantially Compliant	Yellow	15/7/18

	available, in an accessible format, to the resident and, where appropriate, his or her representative.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/5/18
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	23/4/18