



Office of the Chief Inspector

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

Name of designated centre:	Abbeytrinity Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	18 July 2019
Centre ID:	OSV-0004067
Fieldwork ID:	MON-0025731

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
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
18 July 2019	13:00hrs to 19:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with three of the five residents who live in this centre. Residents did not speak at length with the inspector as they were busy with activities in the local community and were all doing things outside the centre on the evening of the inspection. Residents, who spoke with the inspector, confirmed that they were happy with the service and care provided, and that they enjoyed the activities that they took part in at their day services and in the community. The inspector observed that all residents appeared to be comfortable and relaxed in the company of staff and with each other.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre.

There was a clearly defined management structure, and there were systems in place, such as audits, staff supervision, and staff meetings to ensure that the service was provided in line with residents' needs and that residents were safe. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care and support being provided to residents. Unannounced audits of the centre's practices were being carried out twice each year by members of the management team. Audit records showed a high level of compliance with the regulations. An annual review of the care and support provided at the centre was also being carried out. The provider had a robust complaints management system. Although there has been no recent complaints relating to the service, past complaints had been suitably investigated, managed and resolved.

There was a person in charge responsible for the overall management and day-to-day running of the centre. The person in charge was present in the centre daily, and was well known to residents. There were cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had allocated sufficient staff to the centre to support residents' assessed needs. There were adequate numbers of staff available to support residents' activity choices. During the inspection, the inspector observed that residents' care and support needs and preferences were supported in a person-

centred way.

Since the last inspection, the provider had made improvements to the service. For example, the garden to the rear of the house had been landscaped, and a new transport vehicle had been purchased. Additional works to increase residents' comfort were planned to take place shortly.

The provider had ensured that the records and documentation required by the regulations, such as service agreements, a statement of purpose and a directory of residents, had been developed and were available in the centre. However, in residents' service agreements, some information relating to the service to be provided was unclear. In addition, it was not clear who had signed some agreements on behalf of residents. Residents' names had been signed on some agreements, but these had not been signed by residents. There was no evidence that residents had been offered the opportunity to sign their own agreements, or that they had been consulted about this signing.

Overall, there was a high level of compliance with regulations relating to the governance and management of the centre.

Regulation 15: Staffing

Throughout the inspection it was evident that there were sufficient staff on duty to support the assessed needs of residents.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents that included the required information relating to residents who lived in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the fees to be charged, what was included in the fees and most of the required information about the service to be provided. However, some of the information was unclear, and the agreements had not been appropriately signed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met most of the requirements of the regulations. However, it did not clearly state some of the information required by the regulations. The statement of purpose was being reviewed annually by the person in charge, and was available in the centre to residents and their representatives.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. While there had been a low level of complaints in the centre, any complaints received had been suitably managed and resolved.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. She was very knowledgeable regarding the individual needs of each resident and prioritised the quality of life and safety of residents.

Judgment: Compliant

Quality and safety

The provider ensured that residents living at this centre received person-centred care and support, which allowed them to enjoy activities and lifestyles of their choice.

Residents confirmed, and the inspector observed, that residents were out and about in the community and were involved in a range of activities such as community involvement, household tasks, developing independent living skills, visiting and socialising with family and friends and entertainment events.

Residents had good access to information including media, general information relating to the service and information relating to their safety and rights such as safeguarding, fire safety and advocacy. This information was supplied to residents in appropriate easy-to-read formats.

The centre suited the needs of residents, and was clean, comfortable, well decorated and suitably furnished. All residents had their own bedrooms and could lock their doors if they chose to. The rooms were decorated to residents' liking.

The provider had measures in place to safeguard residents from risk, including risks associated with fire. These included risk identification and management, development of individualised risk profiles and personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, and completion of fire evacuation drills.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were discussed and planned. The provider's personal planning arrangements ensured that residents' social, health and developmental needs were identified and suitable supports were in place to meet them.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Healthcare services accessed by residents included speech and language therapy, physiotherapy, psychology and occupational therapy which were supplied directly by the provider. Reports and information from healthcare professionals was available to guide staff in the delivery of appropriate care.

Residents' nutritional needs were well met. Residents who wished to had involvement in choosing, shopping for, and preparing their own food. Furthermore,

residents' weights were being monitored and suitable foods were provided to meet any assessed nutritional needs.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and residents were also supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated, and comfortably furnished.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Assessments were carried out as required, and suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

There was also an informative residents' guide that met most of the requirements of the regulations. This was made available to residents in a suitable, easy-to-read format. However, some aspects of the information in the guide were unclear and required review.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had suitable arrangements in place for the identification and management of risk in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that robust measures were in place to protect residents and staff from the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals, consultants and national screening programmes.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Abbeytrinity Services OSV-0004067

Inspection ID: MON-0025731

Date of inspection: 18/07/2019

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Contracts of care will be reviewed in line with Regulation 24 and Person in Charge will ensure all information is clear, and the agreements are signed appropriately.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of purpose shall be amended to comply with Regulation 3, containing the information set out in Schedule 1	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: Residents guide shall be amended to comply with regulation 20 containing the information as per regulation (20)(2)B, (20)(2)C, (20)(2)E.	

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 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	30/07/2019
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the centre.	Substantially Compliant	Yellow	30/07/2019
Regulation 20(2)(e)	The guide prepared under paragraph (1) shall include the procedure respecting complaints.	Substantially Compliant	Yellow	30/07/2019
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/09/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall	Substantially Compliant	Yellow	30/09/2019

	include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
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	30/07/2019