



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

Issued by the Chief Inspector

Name of designated centre:	Abbey Village Group Homes
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	10 June 2020
Centre ID:	OSV-0005250
Fieldwork ID:	MON-0029511

About the designated centre

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

Abbey Village Community Group Homes provides full-time residential care and support to fifteen adults (male and female) with a disability. The designated centre comprises of three, five bedded bungalows. Residents in each bungalow have their own bedrooms and also have access to communal living rooms, kitchen dining rooms and bathroom facilities. The centre is located in a residential housing estate in a rural village and is close to local amenities such as shops and cafes. Residents are supported by a team of nurses and health care assistants, with staffing arrangements in each bungalow being based on residents' assessed needs. Abbey Village Community Group Homes aims to provide residential services where each resident is cared for using person-centred planning in close partnership with the resident, carers and families thus empowering each resident to live life to the full within the community in which they live, encompassing social, emotional, spiritual and financial development and independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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 - 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
Wednesday 10 June 2020	09:20hrs to 14:21hrs	Stevan Orme	Lead

What residents told us and what inspectors observed

Due to the impact of Covid-19, the inspection of Abbey Village Community Group Homes was facilitated in only one of the three bungalows, therefore the inspector only had the opportunity to meet with five of the fifteen residents living at the centre on the day of inspection.

Throughout the inspection, residents were observed to be happy and relaxed as well as comfortable with all supports provided by staff on duty. Residents told the inspector about what they enjoyed doing at the centre prior to the impact of Covid-19 related restrictions. Residents said they enjoyed going on community activities and especially seeing shows and musical concerts in the neighbouring town. Residents told the inspector that due to the impact of Covid-19 restrictions their day centres had been temporarily closed, which they enjoyed going to and said that they were bored at times now they were at their home all week. Residents also said that although bored, they understood the reasons for not being able to go to their day centres and said they would rather be safe and that everyone was 'in the same boat'. Residents also said that they filled their days now they were at home all of the time, by watching television, speaking to relatives on the phone and doing other activities such as exercise programmes and artwork which they enjoyed. Residents also told the inspector that they liked living at the centre and got on well with the staff. They also spoke about monthly residents' meetings which they were involved in, and said that prior to Covid-19, they had used them to plan their social activities and were also used by staff to update them on any changes at the centre which affected them.

Capacity and capability

Residents at Abbey Village Community Group Homes received a good standard of care and support which ensured that their assessed needs were met at all times. The inspector also found that prior to the restrictions imposed due to the effects of the Covid-19 pandemic, residents were supported to achieve their personal goals and engage in a range of activities in their local community which reflected their likes and interests.

The centre's governance arrangements were robust in nature with a clearly defined management structure. The person in charge was knowledgeable about residents' assessed needs and actively involved in the day-to-day operational management of the centre. The person in charge ensured that residents' needs were met by an appropriate number of suitably skilled staff, which comprised of both nursing and health care assistants. Due to the closure of day services and other care provision as a result of the the impact of Covid-19

restrictions, residents' assessed needs were also supported by a number of additional staff who had been redeployed to the centre temporarily.

Staff skills were kept up-to-date and reflective of residents' needs through regular access to training facilitated by the registered provider's training department. Training records and discussions with staff showed that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, medication management, positive behaviour management and fire safety. Access to regular training opportunities ensured that staff practices at the centre were in line with both the provider's policies and current developments in health and social care. Further evidence of the provider's commitment to ensure staff practices were up-to-date and current was evidenced through staff participation in online training associated with the management of an outbreak of Covid-19, with all staff completing training in areas such as the use of personal protective equipment (PPE), signs and symptoms of Covid-19, and hand hygiene techniques. In addition, the person in charge and delegated nursing staff also completed an annual training analysis for all staff at the centre which identified any additional training needs staff required.

A range of comprehensive management audits enabled the person in charge to have clear oversight of the centre and ensure that residents' assessed needs were consistently met and the provider's policies and procedures were adhered to. Scheduled audits looked at the effectiveness of all aspects of the centre's practices such as fire safety, safeguarding personal planning and complaints and were completed by either the person in charge or a delegated nurse. Areas for improvement identified through the scheduled audits were included in the centre's Quality Improvement Plan (QIP) which illustrated how each area was to be addressed, its time frame for achievement and persons responsible for its completion. The centre's QIP was updated weekly by the person in charge and submitted to senior management for further discussion on progress made. Where current objectives had not been achieved, delayed or impacted upon due to Covid-19 related restrictions this was clearly noted in the updated QIP.

The provider's risk management practices ensured that residents were kept safe from harm and procedures were in place to effectively respond to adverse incidents which might occur. Risks identified at the centre were captured within the risk register and risk management interventions were implemented which clearly showed both existing and additional measures to mitigate the risk and safeguard residents and staff. Staff were knowledgeable about risk interventions at the centre, and management plans were subject to regular review, to ensure their effectiveness and suitability. In response to the management of an outbreak of Covid-19, the person in charge had ensured that a risk assessment was completed on the care and support of each resident if a suspected or confirmed case occurred at the centre. In addition, risk management arrangements were in place for other associated risks such as the supply of PPE or staff shortages.

The provider also had a robust system in place for the recording and review of accidents and incidents at the centre. Records showed that events involving both residents and staff were reported on and reviewed by the person in charge.

Records included any additional measures implemented in response to the incident to reduce the possibility of its future occurrence. A monthly audit was also completed on the accidents and incidents reported, which was used to identify any trends or areas for further improvement, which was submitted by the person in charge to senior management. In addition, where events required notification to the Chief Inspector under the regulations, the person in charge had ensured this was completed within the set regulatory time frames.

Regulation 15: Staffing

The provider had ensured that an appropriate numbers of suitable skilled staff were in place at the centre to meet residents' assessed needs and support them to participate in activities of their choice.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to regular training, which ensured they were suitable skilled to support residents' assessed needs and their practices reflected current developments in health and social care. In addition, training arrangements had been put in place to ensure that staff were kept up-to-date on public health guidance and infection control practices relating to the management of an outbreak of Covid-19 at the centre.

Judgment: Compliant

Regulation 23: Governance and management

Clear governance and management arrangements were in place at the centre which ensured that practices were effective in meeting residents' assessed needs. Where areas for improvement were identified as a result of completed management audits, clear action plans were developed which were subject to regular review to ensure the required action was achieved.

Judgment: Compliant

Regulation 31: Notification of incidents

Following the last inspection, further action had been taken by the person in charge to ensure that all notifiable events were submitted to the Chief Inspector in line with the regulations and associated time frames.

Judgment: Compliant

Quality and safety

Due to impact of Covid-19 restrictions, the inspection was conducted in only one of the three bungalows in Abbey Village Community Group Homes. However, from discussions with staff and documents reviewed from across the centre, the inspector found that residents received a good standard of care and support which met their assessed needs. Care support arrangements examined during the inspection also reflected that residents were kept safe from harm and were supported prior to Covid-19 restrictions being imposed to enjoy activities of their choice and achieve their personal goals. The inspector also found that although some aspects of residents' day-to-day lives had changed due to the pandemic, they were still supported to participate in activities they enjoyed and personal goals had been adapted to take into account Covid-19 restrictions.

Prior to the implementation of Covid-19 restrictions, residents were supported to participate in a range of activities both at the centre and in the local community which reflected their personal goals, assessed needs, wishes and interests. Residents attended day services in their local area, which from conversations during the inspection they enjoyed and missed due to the 'lock down'. Reviewed records and discussions with both staff and residents illustrated that prior to March 2020, residents regularly enjoyed a range of community activities such as personal shopping, meals out, trips to the cinema and attendance at music concerts. Due to Covid-19 related restrictions, residents opportunities to access their local community had reduced; however although residents told the inspector that at times they were 'bored', they also said they 'would rather be safe, than sorry' and 'everyone was in the same boat'. During the 'lock down', residents had participated mainly in centre-based activities such as exercise programmes, yoga, arts & crafts, gardening and educational programmes, as well as walks around their close neighbourhood. The inspector also noted that some residents since the easing of restrictions had gone on a trip to the local town; however, they had chosen not to go into the shops due to queuing restrictions. Due to Covid-19 restrictions impacting on residents' personal goals, staff had also developed a 'Covid goal' with residents, which included for one resident going on bus trips to see places of natural interest in Donegal and recording through photographs in a scrapbook on their computer tablet.

Personal planning arrangements for residents were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs.

Residents' personal plans were regularly updated to reflect changes in support, which ensured a consistency of care was provided. Furthermore, staff were knowledgeable on residents' needs and staff interactions with residents were observed to be both timely and dignified in nature. In addition, following the last inspection of the centre, staff had developed easy-to-read personal plans for residents which included information on how their assessed needs would be met as well as informing staff about their likes and dislikes. Furthermore, in response to the Covid-19 pandemic, staff had in addition to residents' personal plans developed a 'Covid personal plan' for each resident which clearly informed staff about the resident's support needs in the event of an outbreak of Covid-19 and was subject to regular review to ensure its effectiveness.

Prior to Covid-19 restrictions in March 2020, residents' personal plans had also been subject to an annual review to ensure its effectiveness in meeting their needs. Minutes from annual review meetings sampled during the inspection showed that they were attended by residents and in their absence by their representatives as well as centre staff and associated multi-disciplinary professional. Records further showed that all aspects of the personal plan were reviewed during the course of the meeting and subsequent recommendations were integrated into the updated personal plan.

Where residents had assessed needs which related to behaviours that challenge, a comprehensive behaviour support plan had been developed by a qualified behavioural specialist, which were subject to regular review and clearly guided staff on both proactive and reactive strategies to be used to in support of residents' needs. Staff spoken to during the inspection were knowledgeable about residents' behaviour support plans; however, training records reviewed as part of the inspection showed that not all staff at the centre had received positive behaviour management refresher training in accordance with the provider's policy.

On the day of the inspection there were no reported safeguarding concerns impacting on residents' care and support. However, where concerns of this nature had occurred previously it was evident that actions taken had been in line with the provider's policy on the 'safeguarding of vulnerable adults'. A review of documentation, showed that all incidents were appropriately reported both to the local safeguarding and protection team, and the Chief Inspector as required by the regulations. Previous safeguarding plans implemented in response to an identified concern were robust in nature and subject to regular review to ensure their effectiveness. In addition, all staff had received regular training in relation to safeguarding in accordance with the provider's policy ensuring their knowledge was up-to-date and reflective of current best practices in health and social care.

Infection control measures were robust in nature at the centre, and had been further enhanced in light of public health guidance on the management of an outbreak of Covid-19. Staff told the inspector and were observed wearing face masks when providing personal care to residents and being unable to maintain two metre social distancing. In addition, personal protective equipment (PPE) was readily available along with alcohol hand sanitizer at the centre, and the person in charge had a clear pathway for the obtaining of additional PPE supplies when

required. In addition, the person in charge had developed a centre specific Covid-19 contingency plan for each bungalow within Abbey Village Community Group Homes which was comprehensive in nature, providing staff with guidance on what to do for example in the event of a Covid-19 outbreak at the centre or related staff shortages. The contingency plans were also subject to regular review and updated in line with current public health guidance. In addition, both staff and residents had access to a range of information associated with the management of Covid-19, which for staff also included the completion of associated training on the signs and symptoms of the virus, use of PPE and hand hygiene techniques. Residents had also been supported through discussions with staff to be aware of the increased need for hand hygiene and easy to read information on subjects such as hand hygiene and cough etiquette were also available at the centre.

Residents spoken with by the inspector described how they were involved in the day-to-day running of the centre through attendance at regular monthly meetings and daily discussions on the weekly meal menu. Residents told the inspector that they planned as part of their monthly meeting, their social activities prior to the imposing of Covid-19 restrictions and were updated on changes at the centre. Minutes from residents meetings and discussions with residents also showed that they had been kept regularly updated on how Covid-19 restrictions impacted on their lives such as restrictions on community activities. Residents also spoke about how they had maintained contact with their families during the 'lock down', and residents told the inspector that they had regular contact through the telephone. Records reviewed and discussions with staff also showed that some residents were using video messaging applications to speak with their families which they enjoyed. The person in charge also spoke during the inspection about plans following the easing of restrictions for families to visit residents at the centre, as well as facilitating residents to visit their families in line with current public health guidance.

Following the last inspection, the person in charge had ensured that regular simulated fire drills had been completed at the centre to review their effectiveness under a range of circumstances including full occupancy and minimal staffing levels. In addition, records showed that appropriate fire safety equipment was in place across the centre such as fire extinguishers, fire alarms, fire doors and emergency lighting. All fire safety equipment was also subject to regular checks by staff as well as inspection by external contractors to ensure it was in full working order.

Due to the impact of Covid-19, the inspector was unable to visit all three bungalows within the designated centre. However, the bungalow which the inspection was conducted in was maintained and decorated to a good standard. Residents had access to a communal sitting room as well as a smaller quiet room which one resident told the inspector they used to do their hand bike exercises in. Residents also had access to a kitchen diner and utility room, as well as a garden area to the rear. During the course of the inspection, one resident also told the inspector about their interest in art and especially drawing, and showed them one of their drawings which was framed and displayed at the centre. The inspector also observed that residents' bedrooms and the communal living areas were personalised with photographs of the residents and activities they had been involved

in.

Regulation 13: General welfare and development

Prior to the implementation of Covid-19 restrictions, residents were supported to access their local community and be involved in a range of activities which reflected their assessed needs, interests and personal goals. Although Covid-19 restrictions had impacted on activities available to residents, a range of home-based activities had been provided and residents had since June 2020 had opportunities to visit the neighbouring town.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that possible risks to residents were identified, assessed and appropriate control measures were implemented. Review arrangements ensured that all implemented risk management interventions were regularly monitored to ensure they were effective in keeping residents safe from harm.

Judgment: Compliant

Regulation 27: Protection against infection

Areas of the designated centre observed by the inspector were maintained to a good standard of cleanliness. Infection control arrangements at the centre had been reviewed, updated and implemented in line with public health guidance on the management of an outbreak of Covid-19.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety equipment and arrangements were in place at the centre, with regular fire drills being carried out across the centre's three bungalows. In addition, following the last inspection, the person in charge had ensured that simulated fire evacuations had been carried out under all circumstances to ensure their

effectiveness.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Personal plans clearly described residents' assessed needs and associated nursing interventions and were subject to regular review to ensure their effectiveness. In addition, following the last inspection, personal plans had been made available to residents in an easy to read version informing them and their representatives about how key aspects of their care and support would be met.
Judgment: Compliant
Regulation 6: Health care
Residents had access to a range of healthcare professionals in line with their assessed needs. Due to the impact of Covid-19, arrangements were in place to support residents' health needs either through telephone assessments and consultations being conducted in line with social distancing guidance.
Judgment: Compliant
Regulation 7: Positive behavioural support
Where residents had behaviours that challenged, the provider had ensured that clear guidance on supports to be offered was in place for staff. However, although staff were knowledgeable on supports to be offered to residents in line with their needs, not all staff had received up-to-date positive behaviour training in line with the provider's policy.
Judgment: Substantially compliant
Regulation 8: Protection
There were no identified safeguarding concerns at the centre on the day of inspection. In addition, the provider had clear and robust arrangements in place to safeguard residents from harm which included clear reporting arrangements and up-

to-date training for staff.

Judgment: Compliant

Regulation 9: Residents' rights

Monthly resident meetings ensured that residents were supported to be involved in day-to-day decision making at the centre as well as being informed of changes which impacted on their lives. In light of the impact of Covid-19, residents had been regularly informed of how the imposed restrictions would change their daily lives such as reduced opportunity for community activities, closure of day services and the need for increased hand hygiene and social distancing.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbey Village Group Homes OSV-0005250

Inspection ID: MON-0029511

Date of inspection: 10/06/2020

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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The PIC will ensure all staff receives Studio III training by the 31st Dec 2020.	

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 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	31/12/2020