



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

## Issued by the Chief Inspector

Name of designated centre:	Abbeyfield Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	04 October 2023
Centre ID:	OSV-0002362
Fieldwork ID:	MON-0037772

## About the designated centre

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

Abbeyfield Residential is a designated centre operated by St. Michael's House and is situated in North Dublin. It provides a residential services to five adults with a disability. The centre is a bungalow which comprises of six bedrooms, kitchen, sitting room, dining room and utility room. The centre is staffed by a person in charge and social care workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 4 October 2023	10:00hrs to 17:00hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. The person in charge was on leave at the time of the inspection but staff on duty and the service manager were present to facilitate the inspection.

Conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on compliance with the regulations and standards.

The centre comprised of a one-storey house located in a housing estate in North County Dublin. The centre had the capacity for a maximum of five residents, at the time of the inspection there were four residents living in the centre full-time.

Upon arrival to the centre, three residents were out of the centre attending day services. One resident was present in the centre and was getting ready to go out for the day with staff, to a matinee showing of a musical in the city centre.

The inspector was shown around the centre by staff on duty, they were knowledgeable and familiar with the assessed needs of residents. The centre was observed to be a clean and tidy, warm and comfortable environment. The premises were seen to be well maintained, clean and nicely decorated. There was adequate communal space. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

The wall in the hall had the house floor plans clearly displayed alongside the centre's fire evacuation plan. The hall also had the centre's safeguarding statement, an easy-to-read visitors policy and COVID-19 guidance, including information on personal protective equipment (PPE) and hand hygiene.

The kitchen was busy and accessed regularly by all residents for meals and also just to spend time in. The inspector observed a resident choosing what she would like for breakfast and another resident being supported to make coffee. The fridge was clean and food was labelled and in date. The kitchen was functional and clean but was beginning to look worn and required an upgrade, staff informed the inspector that the upgrade had been put on to a schedule of planned works by the provider within the wider organisation.

The sitting room was bright and well laid out and was in use by all the residents throughout the day. There was also a number of shared bathrooms, a staff office and a nice garden space for residents to use.

Each resident had their own bedroom which was decorated in line with their preferences and wishes, and the inspectors observed the rooms to include family

photographs, and memorabilia that was important to each resident.

Visual communication arrangements for residents were observed during the walk around of the centre. For example, the inspector observed picture signs on bathroom door and a resident showed the inspector how she uses the signage to know if the bathroom is occupied. The inspector also observed a communication board in the kitchen. It contained information on advocacy services, safeguarding information, an easy-to-read guide to making a complaint and a residents guide. The staff rota was displayed using photos of staff coming on shift.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles and behaviour support needs. The inspector saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. Staff were observed to interact warmly with residents.

The inspector met and spoke with two residents over the course of the inspection and observed their daily interactions with staff and their lived experience in the centre. One resident showed the inspector their bedroom. The resident told inspector she liked to go out for breakfast on the weekend and shopping. The resident then showed inspector new clothes they had bought on a recent shopping trip. This resident said they also liked gardening and helping staff with chores like doing the laundry and helping staff with dinners. The other resident showed the inspector a photo book they had made of recipes they like to bake.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose.

The inspector spoke with the staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them. Staff spoken with said residents appeared to be happy living in the home.

The provider's most recent annual review of the centre had consulted with residents and their representatives. The review incorporated the voice of the resident with one saying they 'were happy most of the time', another said 'it gets noisy sometimes' and another said they 'would like to go out more often'. One family member complimented the quality of care provided in the house.

In summary, the inspector found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall well-being and welfare was provided to a good standard.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care in the

centre.

## Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

There was a planned and actual roster maintained for the designated centre. A review of the rotas found that staffing levels on a day-to-day basis were generally in line with the statement of purpose. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The registered provider had written, adopted and implemented the policies and procedures set out in schedule 5.

The provider had a complaints policy and associated procedures in place as required by the regulations. The inspector reviewed how complaints were managed in the centre and noted there were up-to-date logs maintained.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were

identified and progressed in a timely manner.

### Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

The person in charge was full-time in their role and had oversight solely of this designated centre which in turn ensured good operational oversight and management of the centre.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

### Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

A planned and actual roster was maintained. Vacancies were managed by familiar relief staff to ensure continuity of care and support for residents.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff had completed or were scheduled to complete mandatory training including fire safety, safeguarding, manual handling and positive behaviour support.

Furthermore, all staff were trained in Safe Administration of Medication (SAM) and Feeding Eating Drinking Swallowing Difficulties (FEDS) to support the assessed

needs of the residents.

Supervision records reviewed were in line with organisation policy. The inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The staff team was led by an appropriately qualified and experienced person in charge.

The person in charge reported to a service manager. They also held monthly meetings which reviewed the quality of care in the centre.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included a six monthly unannounced audit, risk management audit, fire safety, infection prevention and control (IPC), medication management audits and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

These audits identified any areas for service improvement. The inspectors saw that actions were progressed across audits.

A review of monthly staff meetings showed regular discussions on all audit findings, including health and safety issues.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations. The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly

outlined information pertaining to the residents' well-being and safety.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy in place. This was in easy-to-read format and accessible to all.

There was an up-to-date complaints log and procedure available in the centre. The inspector reviewed a sample of these logs and found that complaints were being responded to and managed locally.

The person in charge was aware of all complaints and they were followed up and resolved in a timely manner.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider ensured that all policies and procedures outlined in Schedule 5 were prepared in writing and implemented in the centre.

However, the following policies had exceeded the three year review timeline as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013:

- Admissions, including transfers, discharge and the temporary absence of residents;
- Communication with residents;
- Monitoring and documentation of nutritional intake;
- Provision of information to residents;
- The creation of, access to, retention of, maintenance of and destruction of records.

Judgment: Substantially compliant

## Quality and safety

This section of the report details the quality and safety of the service for the

residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support practices. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience live in their local community. One resident liked baking and had made a photo book of her favourite recipes.

The inspector reviewed a sample of residents' files. It was found that residents had an up-to-date and comprehensive assessment of need on file. Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. Support plans included communication needs, social and emotional well being, safety, health and rights.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents feeding, eating and drinking support needs had been well assessed. There were plans in place to guide staff in supporting residents in this area.

There was evidence that the designated centre was operating in a manner which was respectful of all residents' rights. The Inspector saw that residents had opportunities to participate in activities which were meaningful to them and in line with their will and preferences, and there was a person centred approach to care and support. Residents activities included going to the cinema, theatre, bowling, shopping trips, and they had the opportunity to plan and arrange holidays throughout the year. One resident spoke of a recent holiday, which included a trip to the spa.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. Each resident had a number of individual risk assessments on file so as to support their overall safety and well-being. There was evidence to demonstrate the risk management policy's implementation in the centre from a review of the risk register, personal risk assessments for residents and incident recording logs. Overall, risks identified in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and mitigate

against risk.

On review of a sample of residents' medical records, inspectors found that medications were administered as prescribed. Residents' medication was reviewed at regular specified intervals as documented in their personal plans and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

### Regulation 17: Premises

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food which was in line with their assessed needs.

There was evidence that residents were offered a balanced and nutritious diet, and were supported to make choices in meals and snacks.

The inspector observed that staff had a good knowledge of residents' food preferences and any dietary needs.

Food was safely stored, and there were both healthy snacks and treats available to residents. The kitchen was well-organised and well-stocked with fresh and frozen, nutritious food.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had an effective risk management policy which met the requirements of the Regulations.

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre. Control measures to mitigate against these risks were proportionate to the level of risk presented.

The person in charge was competent in identifying risk and highlighting those issues with team and the control arrangements in place to mitigate those risks. The person in charge had received training in risk management and another staff member was scheduled to receive the same training so that they could support the person in charge and wider staff team in mitigating risk within the designated centre.

A review of residents' files showed up-to-date individualised risk assessments which in some cases were supported by positive behaviour support plans which detailed proactive and reactive strategies to support residents in managing their behaviour.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that there were safe and suitable practices in place for the ordering, storing, prescribing, administration, and disposal of medicines in the centre and the inspector reviewed these procedures with a staff member on duty.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed.

An up-to-date record of all medications prescribed to and taken by residents was maintained as well as stock records of all medicines received into the centre. The medication administration record clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

There was a system in place for return of out of date medication to the pharmacy.

Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

There were suitable care and support arrangements in place to meet residents' assessed needs.

Comprehensive assessments of need and personal plans were available on each residents files. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes. A sample of residents' files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

Easy-to-read documents were included for each resident's assessment of need and they were consulted in all goal setting.

There were systems in place to routinely assess and plan for residents' health, social and personal needs. Residents had a yearly assessment of their health needs, and in general residents had a yearly meeting with allied health care professionals to review their care and support requirements.

Judgment: Compliant

## Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures in place for responding to safeguarding concerns.

Safeguarding plans were reviewed regularly in line with organisational policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff.

Judgment: Compliant

## Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' rights. Residents attended weekly meetings where they discussed activities, menus and house issues, including the premises and fire safety. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals. Residents' wishes and aspirations had been reviewed, and plans put in place to support residents to achieve them.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Abbeyfield Residential OSV-0002362

Inspection ID: MON-0037772

Date of inspection: 04/10/2023

## 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> <li>• Identified Organisational Policies and procedures are presently being updated with relevant Members. Policies will be uploaded and made available to staff once they have been approved – Time frame 30/3/2023</li> <li>• Provision of behavioural support Policy – Updated In feb 2023</li> <li>• Staff training and development Policy- Updated in Jan 2023</li> </ul>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/03/2023