

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

Issued by the Chief Inspector

Name of designated centre:	Abbeyville
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	26 November 2024
Centre ID:	OSV-0008753
Fieldwork ID:	MON-0043632

About the designated centre

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

This is a full-time residential service that meets the needs of three adults with an intellectual disability and who also require support with their physical, psychological, social and mental health needs. Abbeyville is a large bungalow located in a rural setting. It is wheelchair accessible. It has level access throughout and wide doorways and hallways to accommodate wheelchairs. All three bedrooms are fitted with tracking hoists. Residents are supported by a team of nurses and care staff with the support of a CNM2.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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
Tuesday 26 November 2024	10:35hrs to 16:30hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was the first inspection of this designated centre. The centre was registered in July 2024 and residents moved into the centre in October 2024. All of the residents had moved from a campus-based designated centre. This was a short-notice announced inspection. The person in charge was contacted the week prior to the inspection to inform them of the inspection date. Overall, the inspector found that the provider had completed the necessary assessments and plans to ensure that the needs of residents were identified and supports put in place to meet those needs. Oversight arrangements ensured that that quality of the service was monitored. Strong management structures were in place. Some improvement was required in relation to fire drills and the assessment of restrictive practices.

The centre was a large bungalow in a rural location. The bungalow had been fully refurbished and extended. It had three bedrooms. One bedroom had an en-suite bathroom that had a level access shower. There was also a large shared bathroom with level access shower and a large bathtub. In addition, there was a sitting room, dining room, kitchen, utility room and staff office. Outside, the grounds were very well maintained.

The centre was warm and very comfortable. The design and refurbishment of the house made it fully accessible to all residents. The front and back doors were accessible via a ramp. Consideration had been given to the residents' current needs and possible supports they might require in the future. For example, all bedrooms and the main bathroom had tracking hoists in the ceiling. Space in the rooms and hallway was large enough to accommodate larger wheelchairs. Wardrobes had been fitted with pull-down rails to allow residents to access their clothes independently. Residents' preferences had also been considered in the design of the house. For example, the bathroom had an extra-large bathtub as some residents preferred baths to showers. The house was very nicely decorated with new, comfortable furniture. Some personal touches had been added. For example, some residents had photographs on display in their bedrooms.

The inspector had the opportunity to meet one resident on the day of inspection. The resident greeted the inspector with a handshake but indicated that they did not want to chat further with the inspector. One resident had completed a questionnaire that asked for their opinions on the centre and the service they received there. A member of staff had supported the resident to complete the questionnaire. It indicated that the resident was happy with their new home and the service that they received.

In addition to the person in charge, the inspector met two other members of staff. They were knowledgeable on the needs of the residents and the supports that the residents required to meet those needs. This included information on the supports required by residents to manage their behaviour and in relation to their food and fluid consistencies. Staff knew who to contact and the process to follow should any

incidents arise. A number of staff had completed training in human rights-based care of residents.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management impact the quality and safety of the service provided.

Capacity and capability

The provider had implemented systems to ensure that oversight of the quality of the service was maintained. This was achieved through a schedule of audits, incident reporting systems and scheduled team meetings. Though residents had only recently moved into the centre, it was clear that these systems had commenced and issues identified were addressed in a timely fashion. The lines of accountability were clearly defined. Staff knew who to contact if an issue arose.

The provider gave clear information to residents and their families about the centre. In the centre's statement of purpose and the residents' contracts of service, the provider had outlined the facilities and services provided in the centre. However, on the day of inspection, the residents' contract had not yet been signed by the provider or the residents.

The staffing arrangements in the centre were suited to the needs of residents. The number of staff on duty ensured that residents received the support they required with their health, personal and social needs. Staff had received training in relevant modules. This training was largely up-to-date.

Regulation 15: Staffing

The staffing arrangements were suited to the needs of residents.

The inspector reviewed the rosters from 4 November 2024 to 24 November 2024. This indicated that the necessary number of staff with the correct mix of skills were available to support residents at all times. There were a number of vacancies in the centre on the day of inspection. These were filled by regular agency staff who were familiar to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The training records for staff were reviewed by the inspector. The provider had identified 37 mandatory training modules for staff. The records indicated that staff had largely up-to-date training in these modules. There were also a number of training modules specific to the needs of the residents in this house. Records indicated that staff were in the process of completing these training modules.

Judgment: Compliant

Regulation 23: Governance and management

There were strong governance and oversight arrangements in this service.

The provider had established a good system to ensure that the quality of the service was reviewed. A schedule of audits to be completed at various points throughout the year had been developed. As residents had only recently moved into the centre, there was only a small sample of completed audits to be reviewed on the day of inspection. However, the inspector noted that these audits had been completed in line with the provider's schedule. In addition, actions that had been identified on audit had been addressed.

There had been no incidents in the centre since the residents moved in. Therefore, there were no incident reports to be reviewed. However, the inspector noted that a system had been established to ensure that incidents were analysed on a monthly basis to identify any trends that might emerge.

The management structure and lines of accountability were clearly defined. Staff knew who to contact should any issues arise. There was a rota of managers who could be contacted outside of regular business hours. Team meetings were scheduled for the first Tuesday of every month in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed two residents' contracts for admission. These contracts outlined the necessary information as specified in the regulation. It described the services and supports that would be provided in the centre. It also outlined the fees that the residents would be charged. However, on the day of inspection, the contracts had not yet been signed by the provider or the residents' representatives.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose. This contained all of the information outlined in the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had ensured that a copy of the policies as specified in the regulations were available in the centre on the day of inspection. The policy documents were reviewed by the inspector. All policies had been reviewed within the previous three years.

Judgment: Compliant

Quality and safety

There was a good quality person-centred service in this centre. However, improvement was required in relation to the assessment of the impact of some practices on the privacy of residents. The provider had taken steps to ensure the safety of residents. However, improvement was required in relation to fire drills.

This new centre was very well suited to the needs of residents. As outlined in the first section of the report, the house was fully accessible to all residents. It was new, comfortable and very nicely decorated. Residents had access to the equipment and facilities that they needed. This included the centre's kitchen where staff prepared home cooked meals for the residents. Residents were offered choices at mealtimes and the centre was well stocked with fresh food for meals and snacks.

Residents received a good quality service in this centre. Since moving into the centre, the needs of residents had been assessed and the supports needed to meet those needs had been identified. The assessments reflected the residents' new living arrangements. This was apparent in the residents' communication plans, behaviours support plans and health care plans. However, some practices remained in place that impacted on the privacy of residents without clear justification for their use. Though the provider had referred some practices to a human rights committee, the practice of night-time checks had not been assessed in the same manner. This required review.

The safety of residents was promoted in this centre. Risk assessments for residents and the service were completed. These gave guidance to staff on how to reduce risk to residents. Staff had up-to-date training in safeguarding. Positive behaviour support plans were devised to support residents to manage their behaviour. Fire safety measures were in place. However, improvement was required in relation to fire drills to ensure that they were in keeping with best practice.

Regulation 10: Communication

The provider had made arrangements to ensure that residents were supported to communicate their needs and wishes.

The inspector reviewed the communication profiles that had been developed for two residents. These outlined the residents' communication strengths and the supports they required. Staff were knowledgeable on the contents of these documents. Picture-based communication was available in the centre to support residents to make choices in relation to their meals.

Judgment: Compliant

Regulation 17: Premises

The centre was suited to the needs of residents.

The centre was a newly refurbished and extended bungalow. It was fully accessible to all residents with level access at all points of entry to the house. Doorways and hallways were wide to accommodate wheelchairs. There was adequate communal and private space in the centre. It was very nicely decorated and in a very good state of repair. The centre had the equipment and facilities needed by the residents for their activities of daily living.

Judgment: Compliant

Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre.

The centre was stocked with ample fresh food for meals and snacks. Residents had choices at mealtimes and were provided with home-cooked, nutritious meals.

The inspector viewed the notes for two residents and found that they had access to

relevant healthcare professionals to provide guidance in relation to their specific dietary requirements. The notes also revealed that residents' nutritional needs were monitored through regular weight checks and screenings. Staff were knowledgeable on the residents' nutritional needs and how to prepare foods to meet the residents' needs.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good risk management systems in place.

The inspector reviewed the risk assessments for two residents. These assessments were comprehensive and reflective of the residents' needs that had been identified on assessment. There were control measures in place to reduce risks and the risk assessments had been devised since the resident had moved into the centre.

The person in charge maintained a risk register for the centre. This was reviewed by the inspector and found to be comprehensive and relevant to the current service.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put measures in place to protect residents from the risk of fire. However, improvement was required to ensure that fire drills were reflective of best practice in line with the nature and layout of the building.

The inspector noted that the centre had been fitted with fire doors in all rooms. The inspector reviewed the centre's fire safety records. These indicated that a fire safety audit had been completed since the residents moved into the centre. The issue identified on this audit had been addressed, namely, the erection of a fire assembly sign at the gate of the centre.

The centre's fire detection and alarm system, and emergency lighting system had been checked on a quarterly basis by an external fire company.

The inspector reviewed the residents' emergency evacuation plans and the fire drills in the centre. Three fire drills had been completed since the residents moved into the centre. The inspector noted that in two of the fire drills, residents had been evacuated to the sitting room of the centre before exiting the building. This was not in keeping with best practice as the centre consisted of a single fire compartment. This practice also contradicted the residents' evacuation plans that stated that

residents should be evacuated from the building via the nearest fire exit.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The health, social and personal needs of residents had been assessed and the supports needed to meet those needs had been implemented.

The inspector reviewed the notes for two residents. These indicated that the residents' needs had been assessed since they moved into the new centre. Corresponding care plans and risk assessments were devised to guide staff on how to support residents to meet their needs. Personal goals had been devised with residents. These focussed on winter and Christmas themes with a plan to review and develop new goals in the new year.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were well managed in this centre.

The review of two of the residents' files indicated that they had access to relevant healthcare professionals, as required. The notes also indicated that routine health checks were completed with residents, for example, monthly checks of blood pressure. A nurse was available at all times in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents received appropriate support to manage their behaviour.

The inspector reviewed two behaviour support plans. These had been updated and reviewed since the residents moved into their new centre. They had been devised by an appropriately trained professional. Staff were aware of the contents of the plans.

The person in charge referred a number of restrictive practices to the provider's human rights committee since the residents moved into this centre. As a result, a number of practices had been discontinued. Not all restrictive practices that

impacted on residents' privacy were fully assessed. This will be discussed further under regulation 9: human rights.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to protect residents from abuse.

Staff had up-to-date training in safeguarding. They were knowledgeable on the steps that should be taken should any issues arise. Residents had intimate care plans that gave clear guidance to staff on how to support residents. There were no open safeguarding plans in the centre at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld in this centre but some improvement was required in order to ensure that the residents' right to privacy was upheld.

Residents were offered choice in relation to their daily lives. The provider had commenced resident meetings and the inspector reviewed the minutes of one of these meetings. The purpose of the meetings was to give the residents an opportunity to voice their opinion in relation to the running of the designated centre. The person in charge reported that the format of these meetings was due to be reviewed given the nature of the residents' communication needs.

Some improvement was required in order to ensure that all practices that impacted on resident's rights were identified and assessed. The practice of night time checks on residents had not been identified as impacting on the residents' privacy and, as a result, it had not been subject to the same review as other practices in the centre.

Judgment: Substantially 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Abbeyville OSV-0008753

Inspection ID: MON-0043632

Date of inspection: 26/11/2024

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: <ul style="list-style-type: none"> • The PIC has forwarded all Contracts of Care to residents family representatives and will ensure all signed Contracts of Care are returned and filed in each resident’s financial folder. This will be completed by the 20/12/2024	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • The PIC has carried out further simulated fire drills on the 12/12/24 and the 15/12/24 with staff to comply with best practice. •The PIC has revisited with all staff the evacuation procedures as outlined in each residents PEEP. Going forward all residents will be evacuated to the identified Assembly point. Completed By: 16/12/24	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: <ol style="list-style-type: none"> 1. With regard to residents meetings PIC has arranged a SALT review of resident’s communication to formulate a new template for residents meetings for those residents without verbal communication skills. 2. The template for residents meetings will be reviewed to ensure that resident’s 	

communications regarding preferred activities, meal planning and so forth is captured.

3. With regard to nightly checks, these have been discussed at Human rights committee meeting on 10.12.2024.

4. The restrictive practice policy will be reviewed to include guidance on night time checks.

5. An individual risk assessment will be completed for each resident regarding requirements in relation to night time checks to ensure that residents are not unduly disturbed at night and to ensure privacy.

This will be completed by: 30/01/2025

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 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	20/12/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	16/12/2024
Regulation 09(3)	The registered provider shall ensure that each	Substantially Compliant	Yellow	30/01/2025

	resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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