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## Abbey Respite & Residential Services, OSV-0004108, 11 May 2021

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

## Issued by the Chief Inspector

Name of designated centre:	Abbey Respite & Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	11 May 2021
Centre ID:	OSV-0004108
Fieldwork ID:	MON-0032428

## About the designated centre

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

Abbey Respite and Residential Services provides a residential service to two residents and offers a respite service to a number of respite users. The centre comprises of two houses, one of which was dedicated to providing a respite service. In response to Covid 19, this respite house had temporarily closed and was identified as a house where residents could cohort should an outbreak occur. All residents are over the age of 18 and have low to high support needs. The centre is located in a residential neighbourhood of a medium sized town where public transport links are available. The centre has an appropriate number of shared bathrooms for residents to use. Suitable cooking and kitchen facilities are available and the reception room is warm and comfortably furnished. Most residents attend day services but one resident is offered an integrated service within their home. Residents are also supported by staff members both during day and night time hours.

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

Number of residents on the date of inspection:	4
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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
Tuesday 11 May 2021	09:00hrs to 13:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector found that residents who availed of this service enjoyed a good standard of care and their rights and wellbeing was actively promoted.

The inspector met with two residents who lived in this centre, the inspector did not meet with any of the residents who used the respite service which was on offer. The two residents who met with the inspector appeared happy and content in their surroundings on the day of inspection. One resident spoke at length in regards to their life and how COVID-19 had impacted on them. They said that they watched the news and that staff and the person in charge kept them informed of developments. They chatted to the inspector how they wear a face covering when out in the community and how they regularly wash and sanitize their hands to protect themselves. They discussed how they missed activities such as attending clubs and swimming and how they were looking forward to the easing of national restrictions. As they spoke with the inspector they explained how they had recently returned to attending a new day service, two days per week, and they really looked forward to getting the train, by themselves, to a nearby town to attend. They also discussed how they like to go to the local shops, which remained open, by themselves and how they have a mobile phone to contact staff if they need any assistance. The second resident who met with the inspector was very relaxed as they chatted about their life and how they loved spending time at home listening to a local radio station and keeping up with current affairs by watching the news. They said that they sometimes like going out and about but their overall preference was spending time at home.

The communal living areas were decorated with pictures of both residents attending celebrations such as birthdays and family events and a resident had recently celebrated a garden birthday party in the designated centre with their family. The resident showed the inspector photographs of this event and they said that they were delighted that it went ahead as it was great to see their family. Each resident also had a personal plan in place and they had recently attended a planning meeting with staff where they decided on goals which they would like to achieve for the coming year. The inspector found that these were reflective of the conversation with residents as they detailed how they would like to get back to normal life and attend, clubs, swimming and meeting more freely with friends and family.

As mentioned above, the inspector found that the rights of residents were actively promoted through the actions of the staff team and provider. Each resident had a rights assessment completed and residents were supported to travel on public transport independently and to go shopping by themselves. Some residents also required minimal interventions from staff and they were facilitated to live with a semi-independent arrangement which promoted both their rights and independence. The provider further demonstrated that residents' rights were supported as they sought external review and risk assessment to support a resident's wishes in regards

to some of their dietary requirements.

The centre comprised of two houses, one of which offered a residential service and the other offered a respite service. The residential house was warm, cosy and decorated with pictures and memories of special events in resident's lives. The house had been recently painted and continuing work on the garden was occurring which gave the centre a sense of home. The respite house was also warmly decorated and there was a large comfortable sitting room in which residents could relax. Some external work was required to footpaths which were cracked, but the person in charge outlined how maintenance personnel were to due visit the centre to address this issue.

Overall, the inspector found that residents were supported to enjoy a good quality of life in which their rights and wellbeing were actively promoted.

## Capacity and capability

The inspector found that the governance arrangements which were in place ensured that residents were safe and enjoyed a good quality of life. Some improvements were required in regards to contingency planning for a proposed isolation unit which was part of the centre; however, this posed no immediate risk to residents who were using the service on the day of inspection.

The provider had produced a robust contingency plan in response to COVID-19 which enhanced the safety of residents and respite users. Staff had completed additional training in regards to the use personal protective equipment (PPE), hand hygiene and infection prevention and control. Staff were also conducting regular sign and symptom checks for themselves and residents and an enhanced cleaning regime was introduced. Detailed arrangements were also in place to maintain staffing ratios should an outbreak occur and there were also individualised plans for residents should they become ill from COVID-19. The provider had identified that the respite house could be used as an isolation unit for residents from other designated centres should they contract COVID-19 who were required to self isolate; however, there was no specific detail in the centre's planning as to how this would be operated. For example, planning did not identify how residents would be admitted or how continuity of care would be assured. The person in charge explained where donning and doffing areas were for PPE and an individualised entrance and exit procedure was in place for staff and residents, but this information was not added to contingency planning. The inspector found that there was no immediate risk to residents; however, improvements in this area of planning would build on the other positive preparedness for COVID-19 which was seen on inspection.

The provider had completed all required audits and reviews as required by the

regulations which assisted in ensuring that the service was maintained to a good standard. Residents were actively consulted as part of the annual review and their family members were also included for their opinions on the service. All reported that they were happy with the service and the person in charge had introduced some areas to be addressed which assisted in driving improvements in the quality of care which was provided.

Overall, the inspector found that service provision was maintained to a good standard and that residents enjoyed the service and the supports which were in place.

### Regulation 15: Staffing

The actions from the last inspection was completed as the person in charge maintained an accurate rota which demonstrated that residents received continuity of care.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had received additional training in response to COVID-19; however, not all staff had received training in regards to supporting residents with their dietary requirements.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider's preparedness planning failed to demonstrate how the proposed isolation unit would be operated to ensure the safety and wellbeing of residents who would be admitted.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of documentation in the centre demonstrated that all notifications had

been submitted as required.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of care which was provided was maintained to an overall good standard. A review of documentation indicated that residents' rights were promoted and that residents enjoyed living in this centre.

The inspector reviewed a sample of personal plans which were found to be comprehensive in nature and outlined supports which residents required and also how they liked to be assisted with these support needs. Residents also had access to a goal setting process which enabled them to identify and achieve personal goals. Goals such as getting back to normal routine and attending clubs, socialising, swimming and the gym were prevalent throughout personal planning and discussions with residents outlined how these activities were the main focus when national restrictions were eased.

As mentioned earlier in the report, it was apparent that residents were very much involved in the running and operation of their home. Regular residents' meetings facilitated participation in decisions about their home and these meetings also supported residents to understand how COVID-19 would impact on their lives and also how they could protect themselves from acquiring the disease. The provider also clearly demonstrated that the rights of residents were actively promoted as they were assisted to live and access the community with minimal staff interventions. As mentioned earlier a resident was also supported to exercise their rights in relation their rights in regards to recommended dietary advice which they were unhappy with.

The provider had a robust risk management procedure in place and the person in charge had completed risk management plans for concerns such as COVID-19 and fire safety. Each resident also had individualised risk assessments which promoted their safety and independence, for example residents were supported to safely access the community by themselves and to use public transport independently. The provider also had a system in place for monitoring and responding to adverse events; however, there had been no recent events occurring in the centre. Some minor improvements were required in regards to risk management as the re-opening of the respite service and associated control measures which had been introduced had not been risk assessed.

Overall, the inspector found that residents were supported to enjoy a good quality of life and that the provider and staff team were making considerable efforts to ensure that national restrictions did not excessively impact on the well being of residents.

<b>Regulation 26: Risk management procedures</b>
The provider did not demonstrate that the re-opening of the respite service, including the implementation of control measures had been risk assessed.
Judgment: Substantially compliant
<b>Regulation 27: Protection against infection</b>
The provider had taken the impact of COVID-19 seriously and they had ensured that increased hygiene regimes and infection prevention and control arrangements had been implemented in the centre. Staff had access to sufficient stocks of PPE.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
The provider had completed the actions from the last inspection as detailed fire drill records demonstrated that residents could evacuate the centre with minimal interventions from staff. All fire equipment had also been serviced as required.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Each resident had a personal plan in place which was reviewed on a regular basis and reflected their individual needs and preferences. Residents were also supported to identify and achieve personal goals.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents had access to their general practitioner in times of illness and they were

also reviewed by medical professionals and allied health professionals as required.

Judgment: Compliant

### Regulation 8: Protection

There were no safeguarding plans required and residents appeared to enjoy living in this centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were actively promoted and they were actively consulted in regards to how they would like to live their lives.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Abbey Respite & Residential Services OSV-0004108

Inspection ID: MON-0032428

Date of inspection: 11/05/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge has ensured that the outstanding staff has now completed their FEDS training event which was not evidenced on the date of the inspection. Completed (27/05/2021)</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge has now completed a comprehensive Covid 19 Outbreak center response plan which is robust and comprehensive. This plan includes many aspects of service provision including staffing resources, Protective equipment and supply, Escalated Infection Prevention and Control measures and practices within the center, Food preparation and supply and waste disposal provisions. It further incorporates a staffing contingency element in the event of increased staffing absences due to self isolation or illness. Appendices to the plan include a floor plan of the premises outlining specific areas dedicated for PPE donning and doffing, Cleaning area along with both staff and service user self isolation areas. The plan also incorporates specific control measures to be employed should the service be used for the purpose of an isolation unit. (Completed 14/05/2021)</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The service Risk Assessment documentation has been updated to reflect the spectrum of Covid 19 infection and outbreak risk elements and equally incorporates the array of control measures developed and implemented within the service to minimize and prevent outbreak transmission across the designated center as best as is possible.</p> <p>(Completed 14/05/2021)</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	27/05/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	14/05/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	14/05/2021

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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