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## Abbey Respite & Residential Services, OSV-0004108, 03 June 2020

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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:	03 June 2020
Centre ID:	OSV-0004108
Fieldwork ID:	MON-0029527

## 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:	2
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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
Wednesday 3 June 2020	10:30hrs to 14:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The centre comprised of two house, one of which offered a residential service and one offered a respite service. In light of Covid 19, the provider had temporarily closed the respite service as part of contingency planning should an outbreak of this disease occur. The majority of the inspection was conducted in this respite house as to minimise contact with residents. The person in charge facilitated the inspection and overall, she was found to have a good understanding of the residents' needs and of the service and facilities which were available to meet those needs.

Two residents were living in the designated centre on the day of inspection and the inspector met with them for a short period of time. The inspector met with one resident in a garden area and also spoke with another resident from the garden who was cocooning within the residential house. These measures were taken to ensure that social distancing measures were maintained. Both residents spoke about their satisfaction with the service and both also indicated that staff were very pleasant and that they felt well looked after. One resident liked to go into the local town by themselves and he spoke about the importance of keeping safe and ensuring that hand hygiene and social distancing measures were maintained. The other resident met by the inspector was cocooning and they were finding the current situation fine and that they liked to pass the time by chatting to staff and watching the television. Both residents indicated that the person in charge and staff members kept them up-to-date with the current situation and they appeared happy and content on the day of inspection.

## Capacity and capability

Overall, the inspector found that both the provider and management team supported residents to live in a safe environment which also supported the residents' well being and independence.

The person in charge had a strong knowledge of the residents' care need and it was clear that they were well informed in regards to developments and issues which were affecting the delivery of care. The person in charge detailed that information was gathered by various means such as internal and external audits and also through the ongoing discussion and review of the resident's individual care needs. The person in charge was able to demonstrate how this information was able to drive improvements in the quality and safety of care and it was clear that much of the information gathered was used to better the lives of residents. For example, a resident who felt that their rights were affected through recommended supervision during meal times was supported to have their personal plans reviewed with allied health professionals. Then, both through discussion, risk assessment and meal

planning, the resident was supported to have their meals without supervision. The inspector found that this approach to care clearly demonstrated a person centred model of care in which the rights and preferences of the resident were clearly promoted.

In response to the Covid 19 emergency, the provider had implemented measures to keep residents and staff members safe. Ongoing monitoring of signs and symptoms of Covid 19 were in operation and the person in charge could clearly outline how residents would be safeguarded should an outbreak of this disease occur. Additional training had also been made available in regards to hand washing techniques, infection control and the use of personal protective equipment (PPE). The person in charge had also completed a contingency preparedness assessment and a review of this document indicated that the provider was satisfied with the arrangements which had been implemented to protect residents and staff members.

To summarise, the inspector found that there was good oversight of this centre and the measures which were implemented by the provider promoted the independence, well being and safety of residents.

### Regulation 15: Staffing

Improvements were required to ensure that an accurate rota was maintained for all houses which made up the designated centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The provider offered both mandatory and refresher training in areas such as safeguarding, fire safety and supporting residents with behaviours of concern. Staff members had also received additional training in regards to infection prevention and control and the use of PPE.

Judgment: Compliant

### Regulation 23: Governance and management

The governance arrangements which were in place ensured that the centre was safe and effectively monitored. All required audits and reviews were completed and the person in charge had additional audits in place for the ongoing monitoring of care

practices.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The provider had produced a statement of purpose which clearly described the service, this document was reviewed on at least an annual basis.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
All required notifications were submitted as required by the regulations.
Judgment: Compliant
<b>Quality and safety</b>
<p>The inspector met for a short period of time with two residents who stated that they liked living in the centre and that they felt safe. The person in charge had completed detailed risk assessments which assisted in promoting both residents' safety and independence. One resident liked to walk into the local town and suitable risk assessments were in place to ensure this resident's safety, for example, control measures such as technology were implemented to ensure that a medical condition did not impact on the resident's independence. The person in charge had also completed a detailed risk assessment in response to Covid 19 for this resident and they had completed education sessions in the importance of social distancing and hand hygiene. When the inspector met with the resident, they spoke of how they really enjoyed this independence and that they were aware of the importance of keeping themselves safe. Some minor improvements were required in regards to risk management to ensure that all safety concerns were identified and risk assessed, but overall the inspector found that there were improvements in this area of care since the last inspection of the centre.</p> <p>The rights of residents were also supported and rights assessments were completed in a sample of personal plans which were reviewed. Residents told the inspector that they were happy in the centre and that staff were very nice. Some residents were supported to live semi-independently with staff members supporting them at various points throughout the day. Residents told the inspector that they liked this</p>

arrangement and that they enjoyed being able to do things for themselves. One resident had a modified diet in which supervision during meal times was recommended. The person in charge detailed how the resident was unhappy with this arrangement and felt that their rights were being adversely affected; however, through ongoing review with allied health professionals, resident engagement and risk assessment the resident was supported to have their meals without supervision. The inspector found that these arrangements brought the resident's voice to the forefront of care.

The provider had detailed health care plans in place and additional measures in response to Covid 19 had been implemented. Residents stated that they were kept up-to-date with developments by the staff team, the person in charge and through their own use of media such as television and radio. Residents had not required any recent medical attention; however, the person in charge detailed that the residents' general practitioners were available if needed.

Overall, the inspector found that residents were receiving a service which promoted their well being, safety and independence.

#### Regulation 17: Premises

Painting and maintenance had been completed since the last inspection and additional garden maintenance was also underway at the time of inspection.

Judgment: Compliant

#### Regulation 26: Risk management procedures

Additional risk assessments in regards to the suitability of housing and the semi-independent living arrangements were required.

Judgment: Substantially compliant

#### Regulation 27: Protection against infection

Additional measures in response to Covid 19 were implemented which promoted the well being and safety of both resident sand staff members.

Judgment: Compliant

<b>Regulation 28: Fire precautions</b>
Fire drills which were completed when staff were present indicated that residents could evacuate the premises in a prompt manner; however, fire drills had not been documented to reflect the semi-independent living arrangements which were in place in one house.
Judgment: Substantially compliant
<b>Regulation 6: Health care</b>
Detailed health assessments were in place and residents had access to health professionals as required.
Judgment: Compliant
<b>Regulation 8: Protection</b>
There were no safeguarding plans required and resident who met with the inspector stated that they felt safe and liked living in the centre.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
Detailed rights assessment were in place and it was evident that the rights of residents were actively promoted.
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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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-0029527

Date of inspection: 03/06/2020

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            A new roster had been created which explicitly sets out the rostered times of direct staff supports in to the designated residential center. The roster is a rolling three week roster for a staff compliment of three permanent staff members and works across a 7 day week and 365 day year.</p> <p>Completed 08.06.2020</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:            A set of comprehensive individual independent living assessment documents have been completed for the individuals living in the designated residential center and following the completion of these all identified risks have been addressed and are managed by way of effective control measures set out either in Individual Personal Risk Management plans or in the Service Provision Risk Register documentation.</p> <p>Completed 17.06.2020</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  A series of targeted Fire Evacuation practices are under way within the service to offer confidence regarding the service user evacuation practices during times of staffing absence (one per week for a period of 4 weeks concluding on Wednesday June 24th). Following this trial period any issues presenting will be address as required and a quarterly schedule of review of non-staff drills will commence there after carried out by the Person in Charge. The current schedule includes the remainder of year 2020, year 2021 and year 2022. Going forward fire drills will be a combination of staffed and unstaffed evacuations.</p> <p>All fire evacuation drill reports will be submitted quarterly as per Organisation procedure to the Organisation Health and Safety Officer for review.</p> <p>Completed 23.06.2020</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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	08/06/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	17/06/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the	Substantially Compliant	Yellow	23/06/2020

	designated centre and bringing them to safe locations.			
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