



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

Issued by the Chief Inspector

Name of designated centre:	The Abbey
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	30 June 2021
Centre ID:	OSV-0005444
Fieldwork ID:	MON-0031887

About the designated centre

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

This centre is based in County Cork and is run by Nua Healthcare Services. It opened in 2016. The centre provides a residential service to individuals who require support with their mental health, a diagnosis of autistic spectrum disorder, an intellectual disability or an acquired brain injury. This service can accommodate both male and female residents from the age of 18 upwards. The centre consists of one detached two storey house located in a rural centre. The house has been sub-divided into three dwellings. The capacity of the service at the time of this inspection was four residents and it operates seven days a week. During the day, service users engage in personalised programmes and they can avail of training opportunities delivered through the an outreach service delivered by the provider. The staff team includes assistant support workers and social care workers led by two deputy team leaders and a person in charge. Residents have access to multidisciplinary professionals either through the health service executive or the suite of professionals employed by the provider.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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 30 June 2021	09:00hrs to 15:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This inspection of the Abbey, designated centre took place during the COVID 19 pandemic. All required precautions were taken by the inspector per national guidance. This included limiting interactions with staff and residents to fifteen minutes through the use of social distancing. Personal protective equipment was worn throughout the day of the inspection. The registered provider had been informed of the inspection 24 hours in advance to allow for the preparation of a clean space and the informing of residents. A social story had been prepared by the person in charge to inform residents of the inspection.

On arrival, the inspector was greeted by the person in charge and the director of operations. A brief background of the centre was provided and the current well-being of residents was discussed. All residents were being supported to adhere to current national guidelines and to partake in the national COVID-19 vaccination programme. The inspector was also provided with a tour of some parts of the centre.

One resident was unwell on the day of the inspection, therefore the inspector did not have the opportunity to meet with them. Another resident was met by the inspector prior to going for a social outing. This residents was relaxing in their apartment while waiting for the staff to get car keys. The resident was relaxed in their environment, this resident had a garden area outside of their apartment with recreational items of their choice.

Another resident came to meet the inspector before setting about their daily routine. They told the inspector that it was staff member's birthday at the weekend and they were going to organise a party for them. They had a love of cars with their favourite being Mercedes. They were going to Cork to have a walk which brought them to their favourite car shops where they could see their favourite ones. They would also do a bit of shopping when they out and about. They enjoyed doing jobs in the centre and one of their jobs was getting the post.. They reported being very happy in the centre and the staff were very nice.

Another resident was supported by staff to complete their daily routine in accordance with their multi-element behaviour support plan. Staff were very clear of this resident's routine and the importance of following the plan to reduce the risk of anxiety and the adherence to the individual's health plan. Upon rising the resident was supported by staff to prepare their own breakfast. The resident was supported to choose and prepare their meal in accordance with the dietician recommendations. The resident said hello to the inspector but chose not to interact with them. This choice was respected. Staff spoke of the residents interests including Thomas the tank engine, which the resident was watching on their phone.

Governance systems in the centre ensures that the centre was operated in manner to drive service improvement. Any area which required review was identified and

addressed in a timely manner. The staff and governance team were very aware of the needs of the service users, their likes and dislikes and the importance of meaningful activation. The regulations reviewed as part of the inspection will be discussed in more detail throughout the remainder of the report.

Capacity and capability

The inspector reviewed the capacity and capability of the registered provider in the service the afforded to residents currently residing in the Abbey. This inspection was completed to monitor compliance with the regulations. The provider had ensured actions from the previous inspections were completed in accordance with the providers compliance plan response.

The registered provider had ensured the allocation of a clear governance structure to the centre. A suitably qualified and experienced person in charge had been appointed. They were supported in their role by two deputy team leaders. The person in charge reported directly to the director of operations allocated to the centre. All members of the governance team spoken with on the day of inspection had an awareness of the needs of the residents and their regulatory responsibilities.

The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in September 2020 and unannounced visits to the centre within the previous six months in January 2021. A comprehensive report was generated following both reviews and an active action plan was in to address any areas that been identified. Feedback had been obtained from both residents and their representatives.

Within the centre a number of monitoring systems were in place to drive service improvement and identify areas of concern in a timely manner. Weekly monitoring tools completed included a review of complaints, notifications and incidents and accidents. This noted any increase in areas of concern within the centre. A compliance review was also completed weekly to ensure the required duties within the centre were completed including handover, residents files and health and safety. This tool was utilised to highlight areas which required review and action.

The registered provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. The person in charge had ensured that all staff were supported and facilitated to access appropriate training including refresher training. The registered provider had ensured the allocation of an appropriate skill mix of staff. A core staff team were present which afforded consistency to the support needs of the residents and through the COVID pandemic had continued to afford a good level of staffing to the centre.

The person in charge and deputy team leaders had the delegated duty of

completion of formal supervisions within the centre. This incorporated the completion of formal supervision meetings as set out in an organisational policy and regular on site team meetings. The person in charge was based in the centre which provided an opportunity for onsite informal supervisions.

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels which had been appointed to the centre by the registered provider was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured effective measures were in place for the appropriate supervision of the staff team allocated to The abbey. The person in charge had also ensured that members of the staff team received appropriate supervision.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had appointed a governance structure to the centre. Management systems in place in the designated centre ensured that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the statement of purpose, incorporating the information required under Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the provision of an effective complaints procedure.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the service provided to individuals in the abbey. Individuals were supported to engage in a range of meaningful activities both within the centre and in the local community. Residents were consulted in their service and in the day to day operations of the centre.

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including speech and language and dietician. Goals were identified which included skills training and promoting enjoyable activities whilst in The Abbey such as completing the driving theory test and using public transport. An annual review was completed to ensure goals in place were relevant to the current interests and skills of the individual. Residents were consulted in all aspects of their personal plan through the completion of regular keyworker meetings. Daily recording of activities chosen was completed.

Residents were supported to achieve the best possible health. They were supported to attend medical appointments as required. Guidance on support needs was clear for staff including diabetic support and fluid intake. Staff spoken with could clearly articulate these support needs and were observed adhering to the guidance in place. Residents were provided with education to encourage health promotion and adherence to health support plans in place.

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Through the implementation of multi element behaviour supports plan there has been a noted decrease in behaviours of concern. Social stories are utilised to increase resident's awareness of protocols and procedures to reduce anxiety for residents.

Overall, the registered provider had ensured that where a restrictive practice was in place this was utilised for the shortest duration required in the least restrictive manner. Some improvement was required to ensure guidance was clear for staff to ensure a consistent approach to its implementation. Whilst staff could clearly articulate the use of one restriction in particular relating to a health concern for one resident, documentation of same required review. The restriction whilst reviewed by a number of multi-disciplinary members was not noted in the resident's personal plan. To ensure consistency and avoid complacency in actions this required review.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and social distancing. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere in a suspected or confirmed case of COVID 19 for staff and residents. The centre presented as a clean environment with staff observed completing regular cleaning of frequently touched surfaces.

The registered provider had ensured effective systems were in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising.

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training and firefighting equipment. The person in charge had ensured that each resident completed evacuation of the centre at a minimum of every three months. Each resident had a personal emergency evacuation plan in place which ensured that staff were aware of the plan to adhere to in the event of an emergency. The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented some measures to ensure the effective assessment, management and ongoing review of risk.

Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

- (a) access to facilities for occupation and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs;
- (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. Current guidance ensured staff were aware of the most recent national guidance with respect to COVID 19.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider has ensured that effective fire safety management systems are in place including serviced fire fighting equipment and clear guidance for staff and residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health. They were supported to attend medical appointments as required. Guidance on supports needs was clear for staff

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensures that staff have up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Where a restrictive practice was in place some improvement was required to ensure guidance was clear for staff to ensure a consistent approach to its implementation.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner which respected and promoted the rights of the residents

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 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
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Abbey OSV-0005444

Inspection ID: MON-0031887

Date of inspection: 30/06/2021

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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> 1. The PIC shall continue to monitor restrictive practices in conjunction with the Behavioural Specialist and in line with the Centre’s Policy and Procedure on Restrictive Procedures [PL-C-005] to ensure a consistent approach to such practices is applied and clearly documented in Service Users Personal Plans. A full review of Restrictive Procedures review will be conducted by the 13 August 2021. 2. All Service Users Personal Plans were discussed with the staff team to ensure a consistent approach was provided by all staff to support Service Users to manage their behaviour 23 July 2021 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	13/08/2021