



Office of the Chief Inspector

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

Name of designated centre:	The Abbey
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	30 April 2019
Centre ID:	OSV-0005444
Fieldwork ID:	MON-0026870

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 is two 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:	3
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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
30 April 2019	11:00hrs to 19:00hrs	Cora McCarthy	Lead
30 April 2019	11:00hrs to 19:00hrs	Lisa Redmond	Support

Views of people who use the service

The two residents the inspector met on the day of inspection appeared very happy with the care and support provided to them. While the residents were non verbal they indicated through gestures, vocalisations and expressions their satisfaction with the service. The inspector observed one resident during a music therapy session and it was clearly a positive experience for the resident who smiled and vocalised throughout the session. A second resident was relaxing in the kitchen of their apartment and the inspector observed positive interactions with staff that they were relaxed and happy in their home. The staff engaged in a warm and respectful manner with the residents during the inspection and all discussions regarding the residents were person centred.

Capacity and capability

The inspectors reviewed the capacity and capability of the designated centre and found that clear management structures and lines of accountability were in place. The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of services.

A statement of purpose had been prepared and provided all the information set out in Schedule 1. An annual review of the quality and safety of care in the centre and two unannounced inspections in the previous twelve months had been carried out. The inspectors found that the annual review and the six monthly were comprehensive in nature. They clearly outlined actions to be completed and there was evidence of completion.

The inspectors viewed the staff training matrix and all staff mandatory training was up to date. The registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents. Staff spoken with had an excellent knowledge of the care and supports required for residents and were very person centred in their approach.

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 and residents in schedule 3 were available for the inspector to view. The registered provider had ensured that an effective complaints procedure was in place for resident's which is in an accessible and in age appropriate format. There were no open complaints at the time of inspection.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured an application to renew to the registration of the designated centre was submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had a planned and actual roster in place and this was in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that the staff had access to appropriate training, including refresher training, as part of a continuous professional development programme and were appropriately supervised;

Judgment: Compliant

Regulation 19: Directory of residents

An adequate directory of residents was available within the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 and residents in schedule 3 were available for the inspector to view.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service. The annual review included consultation with staff, residents and relatives. The provider inspections and annual review resulted in actions plans for service quality improvement. Records indicated that the implementation of these action plans was monitored on an ongoing basis.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider and the person in charge ensured that the resident had the opportunity to visit the designated centre prior to admission. A contract of care agreement outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive in the centre. It also detailed the services to be provided and the fees charged.

Judgment: Compliant

Regulation 3: Statement of purpose
A suitable Statement of Purpose was in place. An accessible edition of this was available to residents.
Judgment: Compliant
Regulation 30: Volunteers
There were no volunteers in the designated centre at the time of inspection.
Judgment: Compliant
Regulation 31: Notification of incidents
A review of accidents and incidents within the centre confirmed that the provider was submitting notifications to the office of the chief inspector as required.
Judgment: Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
The registered provider was aware of their responsibilities and ensured that effective arrangements were in place in the event that the person in charge was absent.
Judgment: Compliant
Regulation 34: Complaints procedure
The registered provider had ensured that an effective complaints procedure was in place for resident's which is in an accessible and age appropriate format. A copy of the complaints procedure was displayed in a prominent position within the designated centre.
Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured that the policies and procedures referred to in Schedule 5 were reviewed and updated at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

The inspectors observed that the quality and safety of the service provided to residents was of a very high standard. The registered provider had ensured that the premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents. It was evident that the centre had been decorated in line residents' personal plan.

A communication passport had been completed for residents to ensure that staff members had effective guidance on the communicative requirements of residents. However, the person in charge had not ensured that an updated comprehensive assessment regarding communication had been carried out for one resident. The most recent review had been carried in March 2016. It was identified that the resident required an updated assessment to ensure that effective arrangements were in place to meet the resident's communication needs. It was acknowledged by the inspectors that an appointment had been made to complete the assessment in a location which suited the resident's individual needs. This is being actioned under Regulation 5 individualised assessment and personal plans.

The registered provider had ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan. A 'hospital passport' had been completed for all residents to provide important information to acute health care professionals in the event of the resident requiring hospital admission. It was evident that a resident's right to refuse medical treatment was respected and such refusal was documented and brought to the attention of the resident's general practitioner. The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing and administration of medicines. This included daily and weekly medication checks. A medication administration assessment had been carried out to assess the capacity of residents to take responsibility for their own medication.

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs. Inspectors viewed an inventory of residents' belongings and financial records. Weekly financial checks

were being carried out by staff members.

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk. An emergency plan was in place which provided guidance for staff in the event of an emergency. An 'emergency pack' was held in an easily accessible location which contained items which may be required in the event the emergency plan needed to be enacted.

Regulation 10: Communication

The registered provider had ensured that residents had access to a telephone and appropriate media such as internet, television and radio. It was identified that one resident required an updated assessment of their communication needs to ensure that effective arrangements were in place to meet the resident's needs. This is actioned under Regulation 5, individualised assessment and personal plan.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that each resident was provided with food

which was nutritious and consistent with each residents' dietary needs.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents received support as they transitioned between services through the provision of information on the services and supports available.

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

Judgment: Compliant

Regulation 28: Fire precautions

The person in charge had ensured that a robust fire management system was in place including servicing of equipment and regular fire drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had not ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out. It was identified that one resident required an updated assessment of their communication needs to ensure that effective arrangements were in place to meet the resident's needs.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a comprehensive plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that systems were in place to protect residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the designated centre was operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Abbey OSV-0005444

Inspection ID: MON-0026870

Date of inspection: 30/04/2019

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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The person in charge will ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident is carried out that includes their communication needs.	

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 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	23/05/2019