



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

## Issued by the Chief Inspector

Name of designated centre:	Abbeydeale Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	26 May 2022
Centre ID:	OSV-0003918
Fieldwork ID:	MON-0035515

## About the designated centre

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

Abbeydeale Residential Service is a centre run by Western Care Association and is located in a town in Co. Mayo. The centre provides residential care for up to seven male and female residents, who are over the age of 18 years and have an intellectual disability. The centre comprises of three premises located within close proximity to each other, where residents have access to their own bedroom, some en-suite facilities, shared bathrooms, shared communal areas and external garden spaces. Staff are on duty both day and night to support the residents who live here.

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

Number of residents on the date of inspection:

7

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 26 May 2022	10:40hrs to 15:30hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, the inspector met the person in charge, staff on duty, and residents who lived in the centre. The inspector also observed the care and support interactions between residents and staff at intervals throughout the day. Overall, the inspector noted that there was no improvements required in the management of infection control measures (IPC) in the centre, and this finding will be illustrated in the next two sections of the report.

Abbeydeale was located on the edge of a rural town and had good access to a wide range of facilities and amenities. The centre consisted of three neighbouring self-contained two storey dwellings, and provided a full-time residential service for up to seven people. Each bungalow had a spacious sitting room, a well-equipped kitchen and dining area, an office and laundry facilities. All residents had their own bedrooms and an adequate number of bathroom facilities were provided. Overall, the inspector found the centre to be clean and well-maintained, and provided residents with a comfortable living environment. The inspector noted on arrival that there was evidence of minor marks on the paint work, from discussion with the person in charge and the person participating in management, there was a clear time-bound management plan in place. The inspector noted that paintwork was scheduled for completion in all three houses the following Monday after the inspection. This also included the replacement of some kitchen units and the kick-board in one house. The inspector found that the staff adhered to the cleaning schedule in place and ensured that all jobs were completed and recorded as required. The inspector found on review of the daily tasks in the centre, they were completed and up-to-date at the time of the inspection.

The inspector met with one resident who was present in the centre during the inspection. This resident enjoyed living in the centre and liked the staff. The resident was observed enjoying short walks locally with staff during the inspection. Although most residents were actively engaging in their community and completing activities of their choice during the inspection, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Although the time the inspector spent with the residents was limited, staff were observed spending time and interacting warmly with residents and supporting their wishes. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, sports and visits with their families, which had been arranged in line with public health guidance throughout the COVID-19 pandemic. During the inspection, residents in the centre were watching television, completing short walks, playing card games, such as whist and looking at newspapers, while some residents were out in the local community attending their planned activities.

From speaking with the person in charge and staff, it was clear that many measures were in place to protect residents from the risk of infection, while also ensuring that

these measures did not impact on residents' quality of life. It was also evident that the person in charge and staff had helped residents to understand the implications of the COVID-19 pandemic. A range of information relating to infection control and COVID-19 had been developed and made available to residents in a format that suited their needs. This included residents rights, including rights to be healthy, hand hygiene, guide to COVID-19 for people with disabilities, personal protective equipment (PPE) & the vaccination process.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

## Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life was well supported and that residents were safeguarded from infectious diseases, including COVID-19.

There was a clear organisational structure to manage the centre. There was a suitably qualified and experienced person in charge. The person in charge was based in an office on the campus and was frequently present in the centre. It was clear that the person in charge knew the residents and their support needs. The person in charge also worked closely with the wider management team. The person in charge was very involved in the oversight of infection control management in the centre. The inspector noted that the management team had ensured that an effective contingency plan was in place and this was monitored and reviewed regularly by the person in charge. In addition, the inspector found that on review of the current staff roster, there was appropriate and suitably skilled staff working. Furthermore, staff were knowledgeable and informed about all current organisational measures and procedures in place to manage infection control in the centre in line with current IPC measures.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable equipment and furnishing, suitable transport for residents to use, and adequate staffing levels to support residents. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand sanitising dispensers throughout the buildings, supplies of disposable gloves and aprons, cleaning materials, thermometers for checking temperatures and a ready supply of antigen test kits. There was a plentiful supply of face masks, including FFP2 masks which staff were seen to wear at all times in the presence of

residents. Arrangements were in place for frequent stock take checks of masks to ensure that the supply would not run out.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of care, support and safety was being provided and maintained. Detailed unannounced audits were being carried out twice each year on behalf of the provider. Records of these audits showed a good level of compliance and that any identified issues had been or were being addressed within realistic time frames. The auditing systems included infection control auditing. The person in charge also used learning from other services to introduce improvements to this service. The person in charge had completed a comprehensive infection control audit of the centre prior to this inspection. However, the person in charge had identified some areas where improvements were required and had already commenced work to address any deficits identified in the audit. These improvements included the issues that had been identified by the inspector during this inspection for example, this included painting and replacement of some kitchen units. The defective areas that required upgrade had been identified and had been referred to the organisation's maintenance department and a time-bound plan was in place as mentioned earlier.

The inspector reviewed the management of complaints in the centre. Although there had been no recent complaints, there were suitable measures in place for the management of complaints should this be required. These included a complaints policy to guide practice and a clear system for recording and investigating complaints. Information about how to make a complaint was displayed in the centre and was also made available to residents and or their representatives. There had been no complaints or concerns raised about infection control or any aspect of COVID-19 management.

Infection control and COVID-19 documentation viewed during the inspection was informative and up to date. The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

Staff who worked in the centre had received training in various aspects of infection control, such as infection prevention and control, and practical hand hygiene. Training in donning and doffing PPE and food safety management had also been made available to staff. A range of policy and guidance documents, including an up-to-date infection control policy and infection prevention and control guidelines for disability services, were available to inform staff.

## Quality and safety

The centre was made up of three self-contained two storey houses. Each house were clean and comfortable, and were decorated and furnished in a manner that suited the needs and preferences of the people who lived there. Most wall and floor surfaces throughout the houses were of good quality and were suitable. Overall the

wall and floor surfaces in bathrooms were of impervious material, and joints between walls and floors were covered and suitably sealed to allow for effective cleaning. During a walk around the centre, the inspector noted that the centre was generally kept in a clean and hygienic condition throughout and was well maintained, although some areas required upgrade.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a rural town and close to a range of amenities and facilities in the nearby areas. The centre had dedicated transport, which could be used for outings or any activities that residents chose.

The provider had ensured that there were strong measures in place for the prevention and control of infection. There was extensive guidance and practice in place in the centre to control the spread of infection and to reduce the risk of COVID-19. This included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures. The risk register had also been updated to include risks associated with COVID-19. A cleaning plan for the centre had been developed by the provider, which the inspector found was monitored and reviewed by the person in charge to ensure that tasks were being completed.

On the day of the inspection, the inspector noted and observed that there was appropriate hand sanitising facilities in the centre and the inspector observed staff to wearing the current recommended PPE in line with public health guidance. In addition, the inspector noted that appropriate stocks were in place to ensure that access to appropriate and required personal protective equipment was available in the centre. In addition, the person in charge monitored stocks of PPE and advised the inspector about the contact person should additional stocks be required or access to suitable waste disposal services. The inspector found that residents were also aware of current guidelines and were observed with staff to wear appropriate PPE when accessing the community during the inspection and were also observed completing appropriate hand sanitising during the inspection. On review of house meetings, the inspector found that there was a set agenda with topics such as outings, meal planning, household shopping, current public health guidelines and household chores.

The provider had cleaning schedules in place which outlined the centre's hygiene requirements and staff members carried out the required daily cleaning tasks. Records indicated that staff were completing daily cleaning of the centre with increased cleaning and sanitising of touch points such as door handles and light switches. Staff who spoke with the inspector were clear about cleaning and sanitising routines and explained how these were carried out. These staff explained the colour coded cleaning system which was in use, the nightly process for washing mop heads, and the use of alginate bags for management of potentially infectious laundry.

Residents' health, personal and social care needs were regularly assessed and care plans were developed based on residents' assessed needs. The plans of care viewed



during the inspection were up to date, informative and relevant. Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. Residents were supported to access vaccination programmes if they chose to, and to make informed decisions when offered COVID-19 vaccines.

### Regulation 27: Protection against infection

Overall, the provider had effective infection prevention and control measures were in place, in accordance with current public health guidelines.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Compliant