



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

Issued by the Chief Inspector

Name of designated centre:	Abbey View
Name of provider:	St John of God Community Services CLG
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	13 May 2024
Centre ID:	OSV-0008050
Fieldwork ID:	MON-0034573

About the designated centre

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

Abbey View is operated by St John of God services and can provide 24-hour support to four male adults. It comprises of a large detached bungalow which is located in a rural setting in County Meath. Each resident has their own bedroom (two being en-suite). Communal facilities include a large kitchen cum dining room a sitting/sun room, a second sitting room, a utility room and a large of bathroom. Private transport is also available to the residents as required. The staff team consists of nurses, healthcare assistants, a person in charge and a clinic nurse manager. There are three staff on duty during the day and one waking night staff. Residents are supported by staff with their healthcare needs and have access to a wide range of allied health professionals to enhance the support provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Monday 13 May 2024	08:50hrs to 16:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, this centre was well-resourced and managed by a competent person in charge who along with their staff team promoted a human rights based approach to the care and support provided to the residents living here. This was evidenced in the high levels of compliance found in the regulations inspected with one improvement required in fire safety.

The inspection was announced; and the person in charge and staff team had informed the residents about the inspection process. The inspector met all of the residents, spoke to two staff, the person in charge and observed practices in the centre. A sample of records were also reviewed pertaining to the residents care and support and the governance and management of the centre. The inspector also followed up on actions arising from the last inspection of the centre in March 2023 which primarily related to the premises and risk management.

On arrival to the centre, one resident was preparing to leave for the morning to buy some personal items in the shop and have lunch out. Another resident was up and helping with some of the morning chores. This was something the resident really enjoyed doing. This resident also showed the inspector some of the rooms in the centre and some of the things they liked to do. The other resident was enjoying a lie on before they had a late breakfast/brunch prior to going out later in the day.

The centre was clean, comfortable and homely. Residents had their own bedrooms which were personalised, and had adequate space to store their personal belongings. Maintenance issue identified at the last inspection continued to be an issue since the last inspection and had only recently been resolved. This was done to the complexity of the issues identified. As a result of these issues this one resident had to move out of their bedroom to a vacant bedroom in the centre. At the time of this inspection, now that the maintenance issues were resolved; the resident was in the process of redecorating their original bedroom to move back there in the coming weeks. This resident showed the inspector all of the work that had been completed and showed them where they were planning to put their TV and furniture in their newly decorated bedroom. The resident informed the inspector that they had chosen the paint colour for their bedroom themselves. The resident appeared very happy with this and was looking forward to having their own en-suite bathroom.

The property was situated on a large site which meant there were large garden areas surrounding the property. Garden furniture was available outside should residents wish to sit out. There was also a small sheltered smoking area where one resident liked to go to vape. Some of the residents liked gardening and had grown rhubarb, lettuce and tomatoes in a large polytunnel in the garden. One of the residents was more interested in planting flowers and was responsible for maintaining the flower pots to the front of the property which were really nice. The staff informed the inspector, that last year there had been an abundance of lettuce

and tomatoes grown and residents were able to share this with some of their friends.

Residents were supported to keep in touch with family and friends. On the day of the inspection one of the residents was going to visit their brother. A review of the resident's personal plan showed that this was a frequent occurrence. Other residents family members visited the centre also and the residents had hosted a Christmas party last year where family and friends had been invited.

The residents were supported to integrate into their local community and were supported to have valued social roles. All of the residents were members of the local credit union and staff informed the inspector that the residents knew the staff well in their credit union as they went to it every week. Two residents had fund raised in their local supermarket for a specific charity. One resident had also joined a book club and all of the residents had been on holidays last year.

Prior to the inspection the residents completed questionnaires with the support of staff about whether they were happy with the services provided. Overall, the feedback was very positive and they said they liked the staff, food provided and were happy with their rooms.

As part of the providers annual review for the centre, they had sought the views of residents and family representatives about the services provided. Overall this feedback was very positive, with family representatives stating that they were happy with the services being provided. The annual review also included a synopsis of the care and support provided in 2023. For example; there had been two complaints in 2023 which had been resolved. Over the year there had been a low level of adverse incidents (11 in total) occurring in the centre. The annual review also outlined some of the residents achievements in 2023 which included; overnight stays in a hotel, one resident went on a glamping holiday and another went on a pilgrimage to Lourdes. Various other day trips and parties had been held to celebrate significant events in the centre. For example; one resident was observed enjoying a beer on Saint Patricks Day in their easy to read personal plan.

A review of residents records also confirmed that the residents had meaningful lives and had plans for the coming year to achieve more goals. In addition, to this some residents had skills teaching programmes in place to support them. For example; one resident was learning how to use Lamh sign language. To support the resident with this a staff member had attended training in this and had introduced a plan to increase the residents Lamh signs. The inspector observed staff using these signs with the resident over the course of the inspection.

Another staff member went through a communication support plan that they were reviewing and maintaining for a resident. The aim of this plan was to support the staff to understand what a resident was communicating so as the resident could make their own decisions. This staff member also had a plan to meet with a speech and language therapist to see if other communication supports may enhance the residents existing communication skills. This was a good example of how residents were supported with their rights.

The inspector also observed that one resident refused certain medical interventions had been visited by an assisted decision making coordinator (who advised and supported residents and staff about new capacity legislation) to support the resident. Easy to read information was also available for this resident. The staff acknowledged that this was a work in progress but hoped that the results would ensure that the residents will and preference was the centre of all decisions they made.

Residents meetings were held weekly in the centre where they got to chose meals, talk about activities and were also informed about relevant things going on in the centre. For example; the Chief Executive Officer of the organisation had recently circulated a memo regarding the important information about the services for the attention of all residents; and all residents had been informed of this at the meetings. In addition to this residents were also educated on their right to feel safe and how to make a complaint.

Each resident had an easy to read personal plan in their bedrooms which included some of the things they liked to do which included preparing meals. The inspector observed that there was an ample supply of both nutritious food and food that the residents liked. On the morning of the inspection two of the residents enjoyed pancakes for brunch and enjoyed a range of toppings to go with the pancakes. The inspector also observed that if residents did not like a specific food that staff were aware of it and staff also facilitated other options. For example; one of the staff was observed preparing three different side dishes for each of the residents for dinner because they all liked different things. Some of the residents also had specific needs in terms of food consistencies and aids to support and maintain independent living skills. The inspector observed that staff were maintaining these supports for staff on the day of the inspection. For example; one resident required adapted cutlery at meal times which helped them to maintain their independent living skills and this was in place.

The residents lived in a restraint free environment meaning there were no restrictive practices used in the centre. One resident was also been supported to reduce the amount of medicines they were prescribed which staff reported was having some positive outcomes for the resident. Staff noted that notwithstanding this, there had been an increase in some of the residents anxieties of late because of this but that they were supporting the resident to manage their anxieties using positive behaviour support techniques. This was a good example of how staff were responding to the changing needs of the residents in a positive way.

The inspector observed some medicine management practices in the centre. All residents had been assessed in order to establish if they could self- administer or would like to administer their own medicines. At the time of the inspection all residents required support with administering medicines. However, the staff had developed a number of easy to read documents showing what the medicine was prescribed for and possible side effects from this. One resident went through some of the medicines they were prescribed and showed the inspector how they liked the medicine administered. They also knew why the medicine was prescribed.

Overall, the residents were being supported to live a good quality of life in this centre. The inspector also observed that staff appeared to know the residents well and were respectful, caring and professional in their interactions with the residents. One improvement was required in fire safety and all other regulations inspected were compliant. The findings are discussed in the next two sections of this report.

Capacity and capability

Overall, the governance and management systems in place were ensuring a safe quality service to the residents. The person in charge along with the staff team were very organised and were continually reviewing practices to enhance the quality of life of the residents and promote their independence particularly in relation to residents making their own decisions.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis. They were also supported by a house manager who was a clinic nurse manager to ensure effective oversight of the centre.

The centre was being monitored and audited as required by the regulations and other audits were also being conducted to ensure ongoing compliance with the regulations.

There were sufficient staff on duty to meet the needs of the residents. At the time of the inspection there was one staff vacancy in the centre, however a review of sample of staff rotas showed that two consistent on call staff were employed who had the necessary training to support the residents. This ensured consistency of care to the residents.

The training records viewed indicated that all staff had completed training in order to support the residents needs in the centre.

The registered provider had appropriate procedures in place to manage and respond to complaints. Residents were provided with education around complaints and were supported by staff to make a complaint when they needed to.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted a complete application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed full time in the organisation. They were a qualified nurse with experience of working in and managing disability residential services.

They were also responsible for two other designated centres operated by the provider. In order to assure affective oversight of this centre a house manager was also employed. The inspector was satisfied that this was not impacting on the quality of care provided at the time of this inspection.

The person in charge was promoting person centred care and was supporting residents with their rights. They demonstrated a very good knowledge of the residents' needs and had very good oversight of the residents health care and emotional needs.

They were aware of their responsibilities under the regulations and were also instigating continued improvements which were having positive outcomes for residents. For example; the person in charge had ensured that a staff member was trained in Lamh to enable a resident to enhance their communication skills.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff in place to meet the needs of the residents and the skill mix of staff included nurses, a social care worker and health care assistants.

Planned and actual rotas were in place and a review of a sample of six weeks rotas from Jan 2024 to May 2024 showed that there was a consistent staff team employed and sufficient staff on duty to meet the needs of the residents each day. Two regular consistent on call staff provided cover for planned/unplanned leave and the staff vacancy at the time of the inspection which meant that residents were ensured consistency of care during these times.

Nursing staff were employed in the centre for support and advise around the residents health care needs. As well as this a senior manager was also on call 24 hours a day to support staff and offer guidance and assistance if required.

The two staff spoken to had a very good knowledge of the resident's needs and said that they felt supported in their role and were able to raise concerns at any time to the person in charge.

A sample of staff personnel files were reviewed at an earlier date to this inspection

by the Health Information and Quality Authority and were found to contain the requirements of the regulations. For example; references had been provided from previous employers prior to a staff member commencing employment and garda vetting had been completed.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, all staff had undertaken training which the registered provider stated in their statement of purpose was mandatory. This included

- safeguarding of vulnerable adult
- fire safety
- manual handling
- safe administration of medicines
- infection prevention and control
- positive behavioural support
- children's first
- feeding eating and drinking
- health and safety
- basic life support

Additional training had also been provided some of which included

- advocacy
- incident reporting procedures
- supported decision making

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

From speaking to two staff members the inspector was assured that they had the required knowledge to meet the needs of the residents. As an example; one staff member outlined how to support a resident who had a specific health care condition where their medicines was being reduced.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted an up-to-date insurance policy statement as part of their application to renew the registration of this centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, led by a person in charge who provided good leadership and support to their staff team. The person in charge met with their line manager who was the director of care every month to review the quality of care provided.

The provider had arrangements in place to monitor and review the quality of care in the centre. An unannounced quality and safety review had been completed along with an annual review for 2023. The annual review included a synopsis of the care and support provided in 2023. For example; there had been no complaints in 2023 and there was a low level of incidents (10 in total) occurring in the centre. It also outlined some of the residents' achievements in 2023 some of which included; overnight stays in a hotel and going on day trips.

Other audits were also completed in areas such as; residents' financial records, medicine management and residents' personal plans. Overall the findings from these audits were, for the most part, compliant and where areas of improvement had been identified they had been addressed.

Staff meetings were held regularly which the person in charge attended. A review of a sample of minutes showed that various issues were discussed about the service provided like risk management, safeguarding and restrictive practices.

The registered provider also had several committees in the wider organisation to oversee health and safety, medicine management practices and restrictive practices. In addition there was a committee which specifically reviews and provides guidance

on issues that may impact the human rights of residents.

Overall the governance and management systems in place ensured that residents were receiving a safe and quality service in this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector which met the requirements of the regulations. It had recently been updated in line with changes to the management structure in the centre.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers employed the centre, however the registered provider had a policy in place around this.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre over the last year informed the inspector that the person in charge had notified the Health Information and Quality Authority(HIQA) of adverse events as required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy which outlined the way in which complaints should be managed. Residents were informed about their right to make a complaint.

Where a complaint had been raised, it had been responded to and actions had been taken to address the concern. A record of the two complaints viewed showed that the complainant was satisfied with the outcome of the complaint.

There were no complaints open at the time of the inspection. Residents were provided with education about their right to make a complaint.

Judgment: Compliant

Quality and safety

Overall, the residents enjoyed a safe quality service in this centre. All of the residents looked well cared for and staff knew the residents well. However, as stated improvements were required in fire safety.

Each resident had an assessment of need which outlined their health care and emotional needs. Support plans were in place to guide staff practice.

Staff were aware of the different communication supports in place for residents.

Residents were supported to have meaningful active days in line with their personal preferences and to maintain links with family and friends.

The house was clean and generally in good decorative and structural repair. Each resident had their own bedroom which was decorated in line with their preferences.

Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre however, recently a resident had sustained some falls which resulted in new recommendations from a physiotherapist around their mobility needs. This residents personal fire evacuation plan had not been updated to reflect this.

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff had received training in this area.

There were systems in place to manage and mitigate risk and keep residents safe in the centre.

Regulation 10: Communication

Staff were aware of the different communication supports in place for residents such as communication passports, visual aids and observing for non-verbal cues. Communication was an assessed need for the residents living here, the inspector observed a number of examples which staff had recently implemented to enhance and support residents communication skills. For example; a resident was now learning Lamh signs and staff had been provided with training in this. As stated the resident and staff were observed using some signs on the day of the inspection. Residents had also been referred for a further assessment with a speech and language therapist to see if their communication skills could be further enhanced or supported.

All the residents had access to a land line phone and WiFi and one of the residents had a record player in their bedroom and enjoyed sometime listening to some of their favourite singers before going out in the afternoon.

During interactions between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the residents.

Judgment: Compliant

Regulation 11: Visits

The registered provider had a policy in place regarding visitors. The inspector observed from reviewing records that visitors were welcome in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The residents planned meaningful activities with staff each day and planned some of their activities at weekly residents meetings.

As outlined earlier in this report on review of a sample of records, residents had goals in place for the coming year and had already completed a number of goals since the beginning of the year.

Residents were supported to maintain links with their family and friends and last year the residents had hosted an Christmas party in their home which family and friends had attended.

Overall from a review of residents personal plans, easy to read plans, communicating with residents and staff; and observing practices in the centre; the

inspector was satisfied that residents got the opportunity to engage in meaningful activities in line with their preferences.

Judgment: Compliant

Regulation 17: Premises

The house was clean and generally in good decorative and structural repair. Each resident had their own bedroom which was decorated in line with their preferences.

There were pictures and photographs throughout the house of residents which created a homely feel. The garden to the back of the property was well maintained and provided an area for residents to sit out and enjoy the good weather.

The person in charge maintained records to ensure that equipment used in the centre was serviced regularly. For example; the boiler had been serviced recently.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents are consulted with menu planning and could choose to participate in preparing and cooking meals. Some of the residents liked to do the weekly food shopping.

The residents had some pictures in their easy read folder showing things that they liked to do which included preparing meals.

There was an ample supply of both nutritious food and food that the residents liked. On the morning of the inspection two of the residents enjoyed pancakes for brunch and enjoyed a range of toppings to go with the pancakes. The inspector also observed that if residents did not like a specific food that staff were aware of it and staff also facilitated other options. For example; one of the staff was preparing three different side dishes for each of the residents for dinner.

Where required there were specific records maintained to monitor and document a residents' nutritional intake. Staff had also been provided with training to support residents who required specific supports with food consistencies and aids to support and maintain independent living skills. For example; one resident required adapted cutlery at meal times which helped them to maintain their independent living skills.

Overall, the inspector found that resident's had a wide variety of food options available to them at all times, were involved in deciding what meals to have and

were supported with their specific support needs in relation to food and nutrition.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. The registered provider had a safety statement in place which outlined the roles and responsibilities of staff and senior management. Health and Safety was a consistent item on the staff meeting agendas and was also included in the staff induction checklist for new staff starting. The policy outlined when adverse incidents should be reported or escalated to senior managers.

The registered provider had an committee in the wider organisation to review adverse incidents occurring in the designated centre and review matters relating to health and safety.

A risk register was maintained in the centre which provided an overview of all current risks in the centre. These were updated as required by the person in charge.

Where incidents did occur they were reviewed by the person in charge and if warranted escalated to a senior manager. Individual risk assessments were in place for each resident which outlined the controls in place to manage and mitigate risks.

The transport in the centre had an update to date roadworthy certificate in place and was insured.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, the fire alarm and fire extinguishers and fire doors were being serviced. For example; the fire alarm and emergency lighting had been serviced in April 2024.

Staff also conducted daily/ weekly and monthly checks to ensure that effective fire safety systems were maintained. Fire exits were checked on a daily basis and the fire alarm was checked weekly to ensure it was working and fire doors were activated.

Residents had personal emergency evacuation plans in place outlining the supports they required. Education around fire safety was discussed at residents meetings and easy read information was provided.

Staff were provided with training/ refresher training in fire safety and as part of the induction process to the centre, information was also provided around the specific support needs of the residents with all new staff.

Fire drills had been conducted to assess whether residents could be evacuated safely from each house and the records reviewed showed that these were taking place in a timely manner. The records also showed that different exits were used when fire drills were occurring to assure that residents could be evacuated from any fire exit in the event of a fire. However, recently a resident had sustained some falls which resulted in new recommendations from a physiotherapist around their mobility needs. This personal evacuation plan had not been updated to reflect this.

The person in charge planned to conduct an evacuation of all of the houses at the same time in the coming days to ensure that all houses could be evacuated at the same time should the need arise.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had a policy and a procedure in place for the safe administration, storage and disposal of medicines. A staff member were through some of the practices with the inspector. The staff member was knowledgeable about the reason medicines were being administered to residents and was knowledgeable about the safe administration practices in the centre.

The provider had a system in place that enabled nursing staff to transcribe

information from medicine administration sheets to new sheets when required. When the medicines were transcribed onto the new sheet, they were checked by two nursing staff for accuracy and a record was maintained to verify when the medicines were transcribed. The transcribed sheet was then reviewed and signed by the medical doctor.

Audits were conducted on medicine management practices to ensure that they were in line with best practice. For example; a medicine audit conducted showed that medicine protocols needed to be updated and this had been completed at the time of the inspection.

There was a system in place to record and report adverse incidents relating to medicine management practices. A review of adverse incidents that had occurred over the last five months showed that there had been no incidents to report.

All residents had been assessed in order to establish if they could self- administer or would like to administer their own medicines. At the time of the inspection all residents required support with administering medicines. However, the staff had developed a number of easy read documents showing what the medicine was prescribed for and possible side effects from this. One resident went through some of the medicines they were prescribed and showed the inspector how they liked the medicine administered and knew why the medicine was prescribed.

Overall, the inspector found that the registered provider and staff team had safe administration practices in the centre and while residents required support in this area, they were provided with information about the medicines they were prescribed.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare related needs and had timely access to a range of allied healthcare professionals, available in the organisation to include:

- Occupational Therapist
- Physiotherapist
- Speech and Language Therapist
- Positive Behaviour Support Specialist

· Consultant Psychiatrist

In the community residents had access to:

· general practitioner (GP)

· dentist

· chiropody

· optician

Additionally, each resident had a number of health care plans in place so as to inform and guide practice and these plans were reviewed by the person in charge. The staff were knowledgeable when asked about some of the residents healthcare needs.

Residents had also been supported to access national health screening services in line with their age and health profile.

The inspector also observed that one resident refused certain medical interventions had been visited by as assisted decision making coordinator (who advised and supported residents and staff about new capacity legislation) to support the resident. Easy to read information was also available for this resident. The staff acknowledged that this was a work in progress but hoped that the results would ensure that the residents will and preference was the centre of all decisions they made.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. The two staff met, were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The residents reported in their questionnaires that they felt safe living there. Since last year a number of potential safeguarding concerns had been reported to HIQA from this centre. The inspector found that the person in charge and the registered provider had reported them to the relevant authorities and had taken steps to address the issues raised. At the time of the inspection all of these concerns were closed meaning that no further actions were required.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one

- staff spoken to said they had no concerns about the quality and safety of care
- the concept of safeguarding was discussed at staff and residents meetings
- there were no complaints that related to safeguarding concerns in the centre at the time of this inspection.

Residents had intimate care plans in place outlining the care and support they required. A sample of two plans showed that they considered the residents' will and preferences in relation to these supports.

The registered provider also had systems in place to ensure that residents were protected from potential incidents of financial abuse. For example; audits were conducted on residents personal finance records to ensure accuracy. A sample of these audits showed that no discrepancies were noted in the amounts of monies stored, however minor improvements in practices were required. Where improvements were required they had been addressed.

Judgment: Compliant

Regulation 9: Residents' rights

Easy to read information was available for residents which included information on how to make a complaint, about their rights and supported decision making.

Residents goals were linked to things that were important to them or that they liked. For example; one resident who liked placing a bet on horses had been to the Grand National.

All staff had completed human rights training and training in supported decision making to enhance their knowledge and ensure that this knowledge influenced their practices.

The residents lived in a restraint free environment meaning there were no restrictive practices used in the centre. One resident was also been supported to reduce the amount of medicines they were prescribed which staff reported was having some positive outcomes for the resident. Staff noted that notwithstanding this there had been an increase in some of the residents anxieties of late because of this but that they were supporting the resident to manage their anxieties using positive behaviour support techniques.

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
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbey View OSV-0008050

Inspection ID: MON-0034573

Date of inspection: 13/05/2024

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: One Resident's PEEPS has been amended to include an aid which was prescribed by the physiotherapist on 14.5.2024 – (handling belt)	

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 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	14/05/2024