



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

Issued by the Chief Inspector

Name of designated centre:	Abbeytrinity Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	02 February 2023
Centre ID:	OSV-0004067
Fieldwork ID:	MON-0038982

About the designated centre

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

Abbeytrinity Services provides a full-time residential care service to people with an intellectual disability who have been identified as requiring a support level ranging from low to high, and also to people with intellectual disability and autism. This service can accommodate male and female residents from the age of 18 upwards. Abbeytrinity Services cannot accommodate individuals with complex medical or physical needs. The centre is a two-storey house with a garden in a residential area of a rural town. Residents at Abbeytrinity Services are supported by a staff team which includes a social care leader, who is the person in charge, in addition to social care workers and care assistants. Staff are based in the centre when residents are present and a staff member sleeps in the centre at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 2 February 2023	12:00hrs to 16:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents had a good quality of life in this centre and they were supported to enjoy their preferred activities. However, this inspection identified that significant improvements were required in regards to the oversight of care.

Under normal circumstances, inspections are conducted to assist in determining residents' experience of living in a centre; however, this was a focused inspection to examine the governance arrangements in terms of the role and function of the person in charge and how the provider was assured that this person could meet the requirements of the regulations. With this in mind, the inspector had a short opportunity to meet with residents and the focus of the inspection was to examine how the governance arrangements, and the role of the person in charge impacted upon the quality and safety of care which was provided to residents.

The inspector met with two residents as they returned from their day service and both residents smiled and were happy to be back in their home for the evening. One resident chatted freely with the inspector and they stated that they liked their home and the staff that supported them. The also stated that they had recently moved bedroom and that they were happier to now have their room downstairs. The second resident also was happy and content and they did not interact with the inspector for very long. They were content to relax in the sitting room and they said hello warmly to the person in charge.

A review of daily notes indicated that residents had good access of their local communities. They were out and about on a daily basis and they regularly went shopping, had meals out and sometimes they went to their favourite public house for a drink. In addition, residents had also recently attended a Westlife concert and they were also planning to see their favourite country and western music star.

Residents had their own bedroom and recently a resident moved to a downstairs bedroom due to changes in their mobility. Communal areas of the centre were also decorated with pictures of residents enjoying themselves at various social events and day trips. Although the centre had recently undergone renovations to the kitchen, the centre itself was dated and recently changed flooring had been damaged. Remedial painting work was also required and had been waiting some time for completion.

In addition, the centre required significant improvements in terms of infection prevention and control (IPC), with the centre not clean to a visible inspection. Excessive dust was noted in the sitting room and the was debris and dust clearly evident on the floors, including the stairs. Assigned cleaning recording sheets were not completed as required with only one week completed for the month of January. Additional maintenance works were also required to bathroom sealants and paint was flaking from some bathroom ceilings. The centre had introduced a new system for cleaning which clearly set out recommended cleaning and disinfection products

for each room in the house. A prescribed mopping system was also recommended; however, this system was not in effect in this centre and there was a lack of clarity on which mops were used in each area of the centre. In addition, there was no suitable storage for mops which were in use and the provider was unable to demonstrate that mops which had been used were cleaned or disinfected appropriately in between use.

Overall, the inspector found that residents enjoyed living in this centre; however, deficits in the oversight of this centre had the potential to impact on the standard of care which was provided. These governance and management issues will be discussed in the subsequent sections of this report.

Capacity and capability

Robust governance and management of a centre promotes the welfare of residents and assists in ensuring that all aspects of care are held to a good standard. Although residents reported that they liked living in this centre, significant deficits were found in relation to the oversight of critical components of care factors such as staffing and protection against infection. In addition, the inspector found that person in charge did not have capacity to fulfill their duties and the provider had not ensured that oversight of all care practices were held to a suitable standard.

The person in charge facilitated the inspection and they were found to have a good understanding of the residents' needs. However, the inspector found that the day-to-day oversight of care required significant improvements. The person in charge held responsibility for three designated centres which were located in a town in the west of Ireland. The person in charge explained that the two other centres which were under their remit require significant managerial input and as such their time for this centre was limited. This was clearly evident in this centre with little oversight of everyday care practices in place. For example, the centre's rota was not accurately maintained and the person in charge was unaware if the complete staffing allocation was in place at all times in the centre. In addition, the person in charge attendance in the centre was not captured on this document

The person in charge described that they attended the centre for a number of hours, sometimes 3 hours per week, to complete tasks such as payroll and due to the demands of the other centres they did not have the time to fulfill their duties in this centre. For example, records for the completion of cleaning and disinfection of the centre and also fire safety checks were incomplete and the inspector found that the centre was not cleaned to a good standard. In addition, two fire doors were not functioning properly. Recently, the provider completed a robust review of the service which had 34 recommendations in relation to care, safety and oversight of the centre. The inspector found that one of these recommendations had been addressed and the lack of progress in addressing the remaining issues had the potential to impact on the over standard of care which was delivered.

As part of the previous inspection of this centre, the provider submitted an action plan in relation to fire safety and risk management within this centre. The inspector found that the provider was unable to demonstrate that all submitted actions had been completed as described. For example, a fire safety review of the service and reviews of resident's personal evacuation plans had not occurred. In addition, the centre's overall evacuation plan had not been updated to reflect a resident who no longer resided in this centre.

Overall, the inspector found that this centre was not effectively managed and as a result deficits in care practices were found across essential regulations such as staffing, governance and management and IPC.

Regulation 14: Persons in charge

The person in charge facilitated this inspection and it was clear that they had a good understanding of the service. However, this inspection found that significant improvements were required in regards to the role and remit of the person in charge. There was clear evidence that their attendance and oversight of the centre required significant improvements as ongoing monitoring of the care and support offered had not occurred. In addition, day-to-day monitoring of cleaning and fire safety had not occurred and the person in charge was not aware of this issue. In addition, recommendations following a recent six monthly audit had not been addressed which had the potential to impact on the quality of care which residents received.

Judgment: Not compliant

Regulation 15: Staffing

The provider had recently re-established team meetings which facilitated staff to raise concerns in regards to care practices. The inspector reviewed the staff rota which required significant improvements. There were multiple errors noted in regards to start and finish times for staff shifts and it was not clearly recorded which staff were actually working at all times. In addition, the previous person in charge, who no longer worked in the centre, remained on the duty which included their worked hours and rest days. Furthermore, the rota from the day previous to the inspection indicated that the centre was not fully staffed and the person in charge was not aware if the centre was fully covered to meet the residents' needs or if this was an administration error.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had a programme of mandatory and refresher training in place which aimed to ensure that staff could meet the needs of the residents and the service. However, the associated records in regards to staff training were not available for review and the provider was unable to demonstrate that the actions from the last inspection in relation to staff training had been completed.

Judgment: Not compliant

Regulation 23: Governance and management

Robust governance and management arrangements promote the welfare of residents and ensures that the centre is safe and meets the aims and objectives of a good quality service. In this centre, although the provider's monitoring of the centre was robust, the day-to-day management of the centre required significant improvements. The provider had not ensured that the person in charge had the capacity to fulfill their roles and duties and deficits were found in the oversight of IPC, fire safety and staffing arrangements. In addition, action plans generated from provider lead internal reviews and inspections which were conducted by the health information and quality authority were not completed as required.

Judgment: Not compliant

Quality and safety

The inspector found that the governance arrangements in this centre had not ensured that the quality and safety of care was maintained to a good standard at all times.

As discussed earlier in the report, the oversight of care in this centre required significant improvements and evidence was gathered throughout the inspection which indicated that the centre had not progressed since its last inspection. Actions in relation to risk management, fire safety and IPC had not been addressed to a satisfactory standard and had the potential to impact on the day-to-day life of residents.

IPC measures in the centre had actually deteriorated since the last inspection with visual evidence that the centre was not cleaned to a good standard and had a clear lack of oversight. As mentioned earlier, cleaning completion records were not up-to-date with significant gaps found for the month of January. This lack of daily assurances in regards to the cleaning and disinfection of the centre was clearly evident in the centre with debris and lack of cleaning evident on floors and surfaces.

Safety within the centre also required improvements, with deficits in regards to risk management and fire safety found. Although, these issues did not have a direct impact on the provision of observed care on the day of inspection, there was potential for these issues to impact on the future delivery of care. For example, risk assessments had not been subject to regular review to ensure that risk controls were effective and that new risks had been identified and responded to. Furthermore, two fire doors were not functioning properly on the day of inspection and reviews of evacuation plans had not occurred as planned. In addition, a review by a competent person had not occurred within the timeline which was submitted to the chief inspector. The inspector found that the cumulative effect of these issues had the potential to impact on the safety of care which was provided to residents.

Overall, standards of care and oversight of day-to-day practices required significant improvements to ensure that the safety of care was maintained to a good standard at all times.

Regulation 26: Risk management procedures

The provider had a system for the identification, monitoring and response to incidents occurred in the centre. A review of recorded incidents indicated that no incidents of concern had occurred. The person in charge held responsibility for the day-to-day management of risks and although there were no apparent impact on the provision of care, risk management in this centre required improvement. For example, risk assessments had not been update to reflect changing care needs and all of the risk assessments which were examined had not been reviewed as required. In addition, the provider maintained a risk register for this centre however this was not available for review on the day of inspection.

Judgment: Not compliant

Regulation 27: Protection against infection

IPC underpins the care which is provided in designated centres and the inspector found that significant improvements were required in this area of care. Communal areas of the centre were not clean and there was no evidence of regular cleaning of frequently used areas such as a reception room. In addition, a specific mopping

system which was introduced by this provider was not available in this centre and the provider was unable to demonstrate that mops which were in place were laundered as required. In addition, the centre also required additional maintenance with ceiling paint flaking in one bathroom and painting required in the centre's kitchen. One of the bathrooms also had an unpleasant odour and grout and sealants in other bathrooms had mould and mildew present.

Judgment: Not compliant

Regulation 28: Fire precautions

Robust fire precautions promote residents' safety and assist in ensuring that residents could safely evacuate in the event of a fire occurring. Although the provider clearly indicated that residents could evacuate the centre when two staff were present, a fire drill had not been completed when minimal staff were present to ensure that residents could evacuate across all shift patterns. In addition the actions from the last inspection were not addressed as some fire doors were not closing when activated and resident's individual evacuation plans had not been reviewed as required. Furthermore, the centre's evacuation plan did not reflect the current residents who used this service and the provider was unable to demonstrate that a review by a competent person in relation to fire safety had occurred as per the compliance plan which was submitted to the chief inspector following the last inspection of this centre.

Judgment: Not compliant

Regulation 6: Health care

The provider had ensured that residents had good access to healthcare services and that they were supported to have a good quality of health. There was clear evidence that residents regularly attended their general practitioner in times of illness and also for scheduled health checkups. The provider was also responsive to a resident's changing mobility needs with recommendations from recent reviews facilitated in the centre by supporting a resident to move to a more appropriate bedroom.

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	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant

Compliance Plan for Abbeytrinity Services OSV-0004067

Inspection ID: MON-0038982

Date of inspection: 02/02/2023

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <ul style="list-style-type: none"> • The Person in Charge has developed a Rota which sets out the Person in Charge’s attendance in the service each week. This Rota is available and on display in the service. The Rota clearly states that the Person in Charge will have 12 administration hours within the Centre each week. • A Team Leader will be recruited for this service by End May 2023 who will support the Person in Charge with Rota management, the oversight of paperwork within the Centre and the support and development of the staff team • The Person in charge will complete internal audits of the service in line with the audit schedule to ensure standards within the service are maintained. Feedback on the outcomes from the audits will be provided to staff at the staff meetings held each month. The Person Participating in Management and the Person in Charge will review the audits to ensure accountability of the staff team, especially in the area of Infection Prevention and Control. • The Person Participating in Management will conduct regular audits within the service to ensure effective oversight of governance and management within the Centre. • Following the recent six-monthly provider-led audit, an action plan has been devised and is in place to address all outstanding issues. The Person Participating in Management will ensure effective compliance by reviewing in audits conducted regularly within the Centre. • The Person Participating in Management will hold scheduled and regular meetings with the Person in Charge to discuss and review service safety, effectiveness and quality delivery in line with the standards set out as per the Ability West policy and procedures and the statutory regulations. 	

Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The Person in Charge has updated the Rota to accurately reflect staff on duty to include the staff start and finish times and the person in charge hours in the service each week. The Rota is on display in the service with an actual and planned Rota on display. The Person in Charge have 12 administration hours within the Centre each week to ensure adequate oversight of the Rota and all other PIC responsibilities. • The Team Leader once employed within the Centre will support the Person in Charge with Rota Management to ensure it is accurate and up to date at all times. • Relief staff are available to this service to ensure there is sufficient staff at all times to meet the assessed needs of the Residents. • The Person Participating in Management will review the Rota during audits within the Centre to ensure they reflect the accurate staffing compliment within the Centre. Rota's will also be audited within the Centre during 6monthly Provider led audits. 	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Staff training records have been reviewed and are all up to date and available in the service with training dates and schedules for the staff team identified. • The Person in Charge will ensure that the relief staff who work within this service have up to date training records available in the service. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Person Participating in Management will hold scheduled and regular meetings with the Person in Charge to discuss and review service safety, effectiveness and quality delivery in line with the standards set out as per the Ability West policy and procedures and the statutory regulations. • The Person in Charge has developed a Rota which sets out the Person in Charge's attendance in the service each week. This Rota is available and on display in the service. The Person in Charge will work 12 administration hours per week within the Centre. 	

- A Team Leader will be recruited for this service by end May 2023 who will support the Person in Charge with Rota management, the oversight of paperwork within the Centre and the support and development of the staff team
- Peer to Peer audits will be scheduled to support adequate oversight within the Centre.
- The Person in Charge will complete internal audits of the service in line with the audit schedule to ensure standards within the service are maintained. Feedback on the outcomes from the audits will be provided to staff at the staff meetings
- In the recent six-monthly provider-led audit, an action plan has been devised and is in place to address all outstanding issues. The Person Participating in Management will audit PLA/HIQA action plans during regular audits within the Centre to ensure effective management of all actions identified.

The Person Participating in Management will conduct regular audits within the service to ensure effective oversight of governance and management within the Centre.

- Regular workshops have been scheduled over the coming months to provide additional training for all Person in Charge to cover areas such as completing of notifications, risk management.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- Due to a poor handover between the former Person in Charge within the Centre and the current Person in Charge, there was no evidence of key risk management documents within the day of the inspection. The person in charge has completed the Centre risk assessments and the risk register now reflects the current top five key risks within the Centre.
- The Person in Charge is currently updating the Resident individual risk assessments in conjunction with the key worker.
- Risk management will be an agenda item on the scheduled meetings between the Person in charge and person participating in management.
- Risk management will be an agenda item on monthly staff meetings

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- The Person in Charge has 12 administration hours per week in the Centre to ensure Infection Prevention and Control is maintained to an acceptable standard within the Centre going forward.
- All painting and maintenance work within the Centre has been completed.
- The Person in Charge will set out a clear service cleaning manual within which all equipment, including an effective mop system, products and methods of cleaning be explicitly set out for the staff support and guidance.
- The Person in Charge along with the Person Participating in Management will review the checklist documentation to ensure that they are being completed as required and are robust enough to maintain effective IPC compliance.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- All fire doors in the service have been repaired and checked.
- A traffic light fire risk assessment tool has been developed and upon which each Residents fire evacuation supports will be identified and incorporated into their personal emergency evacuation plans which will be reviewed annually but may be updated based on identified risks sooner if required.
- Personal evacuation plans for all residents are currently being updated
- Centre Emergency Evacuation plan is currently being updated to reflect current and safe evacuation measures within the Centre.
- An initial fire drill has been completed with minimal staffing and a schedule of regular fire drills set out that will be reviewed at scheduled meetings between the PIC and Person participating in management to ensure best practice going forward.
- A review of fire safety within the service will be completed by a fire engineer and we are currently in the process of organizing a date.

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	31/05/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/05/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and	Not Compliant	Orange	31/05/2023

	actual staff rota, showing staff on duty during the day and night and that it is properly maintained.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	19/03/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	25/04/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	25/04/2023
Regulation 27	The registered provider shall ensure that	Not Compliant	Orange	29/03/2023

	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.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	29/03/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	29/03/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	29/03/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in	Not Compliant	Orange	29/03/2023

	so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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