



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	15 May 2024
Centre ID:	OSV-0004067
Fieldwork ID:	MON-0043673

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
Wednesday 15 May 2024	09:00hrs to 14:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an announced inspection which was completed to assist in determining the provider's application to renew the registration of this centre. There were four residents using this service on the day of inspection and the centre had one vacancy. The inspection was facilitated by the person in charge, a senior manager and also an administrative team leader. Overall, this was a very positive inspection and the inspector found that a good level of care and support was offered to residents.

The centre was a moderately sized two-storey house located within a large town in Co. Galway. The centre was within walking distance of all local amenities and transport was provided which promoted social access. Each resident had their own bedroom which was individually decorated and there was a medium sized kitchen and a separate dining room. There was also a large, comfortably furnished sitting room for residents to relax and there were an ample number of shared toilets and bathrooms in place. The centre had also undergone renovations over the previous year with a new kitchen and additional interior painting. The senior manager explained that the exterior of the centre was scheduled for additional maintenance of paths, garden and painting. The centre had a warm and cosy presentation. Each room was suitably furnished, and photographs displayed of the residents attending social events and family outings gave the centre a nice sense of home.

The inspector attended the centre in the morning as residents were boarding a bus to go to their respective day service. The inspector did not get an opportunity to speak with residents at this point; however, the inspector observed that they appeared happy and relaxed as they interacted with the bus driver. Although, the inspector did not meet with residents, it was clear from reviewing documentation that they were actively consulted in regards to the operation of their home and they also enjoyed a good quality of life. The person in charge had provided residents with a survey about their home, life and arrangements which were in place for their needs. This survey revealed a high level of satisfaction with all aspects of their home and social access. In addition, the inspector read correspondence from a resident's representative which highlighted their satisfaction with the service that their sibling received.

Residents enjoyed a good social life and a review of records showed that residents were out and about in their local area on a daily basis. Residents attended day services five days per week and staff reported that they were sometimes tired when they returned in the evening. On these evenings some residents might relax at home while others might go for a walk, with one resident enjoying going to see some local horses with their foals. The residents preferred to engage in more activities at the weekend and they all generally went out for dinner together each Saturday, followed by a trip to the cinema or some shopping. A review of records also indicated that residents attended GAA matches, went personal shopping, had

trips away and also celebrated their birthdays in the centre.

The inspector found that residents were also actively involved in the running and operation of the home. Residents attended weekly meetings where they were kept up to date with local events and activities in their area. At these meetings they also discussed issues within their home such as maintenance, changes in regards to staff, fire safety and general health and safety precautions. In addition, residents decided on their meals for the week and any upcoming events such as birthdays.

Overall the inspector found that this was a well run and person centred service. Residents had good access to the local community, and they were also supported by a familiar staff team. All issues from the previous inspection of the centre have been addressed and there were sustained improvements across all areas of care which were examined.

Capacity and capability

The inspector found that care was held to a good standard in this centre. There was a clear management structure, with clear lines of accountability which promoted the welfare and wellbeing of the residents who used this service. The issues from the last inspection had been fully addressed and the inspector observed that improvements in care had been sustained.

This was an unannounced inspection which was facilitated by the centre's person in charge, a senior manager and also an administrative team leader. The person in charge had been recently appointed and they were found to have a good understanding of the residents' collective and individual needs, and also of the resources which were in place to support those needs. They also held responsibility for one other designated centre but they attended this centre regularly throughout the working week.

The staff member who was on duty had worked with the residents for a number of years and it was clear that they had a good understanding of their care needs. They spoke at length in terms of how the residents preferred to spend their day and they had a good understanding of their health, changing needs and also risk management plans.

The governance arrangements in this centre were effective in the oversight of care. The provider had ensured that a senior manager was available to the person in charge for support and both managers were found to have good understanding of the service. Each manager had a good understanding of their role, with the person in charge assuming responsibility for the day-to-day oversight of care. The provider also ensured that the centre was adequately resourced with a well-informed and consistent staff team. All audits and reviews as set out by the regulations were completed as required, and in general they found that a good standard of care was maintained in the centre. The provider had also ensured that residents and the

representatives were consulted as part of the centre's annual review and in general there was positive feedback in relation to the care which was provided.

Overall, the inspector found that this was a well run service which provided the residents with a good quality of care. The residents considered the centre their home and they had a good rapport with staff, person in charge and senior managers.

Regulation 14: Persons in charge

The person in charge was in a full-time role and they met the requirements of the regulations. They held responsibility for two designated centres and they attended both centres throughout the working week.

The person in charge also had a schedule of internal audits in areas such as medications, finance and fire safety which ensured that these areas of care were maintained to a good standard at all times. In addition, they had a good understanding of the residents' care needs and the resources which required to meet those needs.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate staff rota which clearly accounted for the day and night-time staffing arrangements in the centre. The provider ensured the centre was resourced in line with its statement of purpose with two staff on duty when residents were in the centre during the day and a staff sleep in arrangement during night-time hours.

The provider ensured that a familiar and consistent staff team was available to residents and the inspector found this had a positive impact on both the social and the changing needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a mandatory and refresher training programme in place which assisted in ensuring that staff could meet the assessed needs of residents. There were no additional training requirements for this centre, and staff had completed

training in areas such as rights, fire safety and safeguarding.

The provider also facilitated team meetings and scheduled support and supervision sessions with the person in charge. The inspector found that these arrangements promoted an open and transparent culture and gave staff a platform to discuss care and any concerns which they may have.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a management structure in place with clear lines of authority and accountability. The centre's person in charge attended the centre on a weekly basis and they were supported in their role by a senior manager.

The provider also ensured that the centre was adequately resourced with staffing, allied health professions, transport and equipment. The provision of a full-time staff team and regular relief staff, who knew the residents needs well, promoted consistency of care. In addition, the person in charge reported that access to allied health professionals had greatly increased since the last inspection of the centre with recent and planned reviews completed by psychology, physiotherapy and occupational health therapists.

The provider was aware of the requirement to complete an annual review of the centre and also to conduct six monthly unannounced audits of care practices within the centre. The provider's six monthly audit found that care was generally held to a good standard with minor issues found on the centre's most recent audit. The centre's annual review also provided for consultation with residents. This consultation showed that residents had a high level of satisfaction with the service, including choice and community access.

Judgment: Compliant

Regulation 30: Volunteers

There was one volunteer in place on the day of inspection and they supported one resident to access the local community on a fortnightly basis.

They had the roles and responsibilities clearly set out in writing and they also attended supervision with the volunteer coordinator.

Judgment: Compliant

Quality and safety

The inspector found the residents were supported to enjoy a good quality of life. They were active in the local community and they were well supported to engage in activities which they enjoyed. The arrangements which were in place promoted the safety and overall this was a pleasant place in which to live.

The provider promoted safety in this centre and comprehensive risk management plans were in place for known issues such as changing needs, community access and restrictive practices. The staff team were well aware of these risks and one staff member spoke about the control measures which were in place to reduce the likelihood of their occurrence. The person in charge also explained the oversight of these risks, including the ongoing review of associated risk assessments. In addition, the provider had an incident/accident management system which facilitated the recording, response and escalation of safety issues which could arise in the centre. The person in charge had oversight of this system at a centre level, but there were no recent recorded incidents for review.

Residents' health was actively promoted in the centre. Residents attended their own general practitioner in times of illness and also for general health screening. Some residents had recent changes in regards to the healthcare needs and the required additional support from allied health professionals such as occupational therapy and also physiotherapy. In addition residents were supported to attend specialists in respiratory and neurology. The inspector found that the provider was also proactive when responding to residents' changing healthcare needs. One resident had experienced recent cognitive decline and a comprehensive dementia care plan had been introduced to provide a consistent approach in regards to their care. The provider was also examining their future needs with initial planning in place for alternative accommodation, should it be required.

Residents who used this service enjoyed a good social life. The provider ensured that adequate staff and resources were in place to facilitate residents to get out and about in the local community at a time of their choosing. The centre was centrally located and residents could walk to nearby amenities such as shops, restaurants and public houses. The person in charge also spoke at length in regards to how residents were supported with their goals. They explained that the centre was taking part in a pilot programme for a new goal setting process. Staff were completing relevant training, and personal planning for residents' goals was due to commence in the coming months.

The centre had been subject to increased regulatory activity, due to issues which had been found in previous inspections and also due to concerns in the operation of designated centres by the provider Ability West. The inspector found that there had been a positive change in the direction of care since the last inspection of the centre. There had been a marked increase in the provision of multidisciplinary supports, a person in charge with sufficient remit for the role had been appointed,

and the provider was proactive in their response to residents' changing needs. The inspector found that this service operated at a level which promoted the well-being and welfare of residents and overall promoted a good quality of life.

Regulation 12: Personal possessions

Residents had their own bedrooms in which to store personal possessions and some of the residents chose to lock their bedrooms as they left for day services.

Residents were also supported with their personal finances, with all residents having accounts in financial institutions. Residents required support with spending and detailed records were maintained by the provider of all financial transactions completed on their behalf. The inspector reviewed records for two residents and found that receipts were in place for all cash and cashless transactions. The person in charge was completing regular reviews of spending, and overall the inspector found that residents' finances were safeguarded.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place to record and respond to adverse events, but there were no recently recorded events in this centre.

The person in charge held the responsibility for managing risks within the centre. There were a number of identified risks pertaining to care and all known risks had a comprehensive risk management plans in place. Known risk included, changing needs, dementia, infection prevention and control and also safety in the community.

Staff who met with the inspector had a good understanding of risks and associated control measures which promoted safety in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was clean to a visual inspection and also well maintained. Additional upgrades to the interior had occurred since the last inspection with a new kitchen installed and some interior painting completed.

The staff had completed training in regards to infection prevention and control, and

hand hygiene. They also used a colour-coded mopping system to prevent cross contamination between areas.

Judgment: Compliant

Regulation 28: Fire precautions

Fire precautions were held to a good standard. The inspector observed that fire doors were installed to protect evacuation routes and these were well maintained and functioning properly on the day of inspection. The centre had a fire detection/alarm system and emergency lighting, both of which had completed service schedules in place.

The staff member on duty had participated in several fire drills and they clearly described how the residents were supported to evacuate in a prompt manner. They knew where the evacuation assembly point was and they had also completed fire safety training. The provider had conducted a number of fire safety drills which indicated that all staff and residents could evacuate the centre in a prompt manner. In addition, the provider had the centre's fire procedures clearly displayed and there were individualised evacuation plans for residents which outlined their evacuation requirements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place which was reviewed on an annual basis and also to reflect changes in regards to their care. Personal planning contained and all about me needs assessment which clearly outlined the supports the residents required to be safe and live a good quality of life.

The centre was in the process of trialling a new goal-setting programme, and the person in charge outlined how residents were going to be involved in this process. Plans were in place for residents to be assigned key workers who would schedule monthly meetings with residents in order to keep them updated on progress made with the goals.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to attend their general practitioner in times of illness and also for general health check ups. Residents also have access to national health screening and there had been a marked increase in the support offered by allied health professionals.

Residents personal plans also contain guidance for staff in regards to nutrition, dietary requirements, healthcare appointments. A comprehensive dementia care plan was in place for one resident which promoted consistency of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provision of behavioural support was not required in the centre; however, there were three restrictive practices in place on the day of inspection. These practices had been implemented in response to safety concerns and were supported by robust risk assessments. Both the person in charge and the provider ensured that these practices were subject to regular review and further referrals have been made to the provider's restrictive practice committee to ensure these practices were warranted and implemented in the least restrictive manner.

Judgment: Compliant

Regulation 9: Residents' rights

It was clear that the rights of residents were actively promoted in this centre. Residents attended weekly meetings where they discussed the running and operation of their home and they had good access to the local communities. In addition, staff had undertaken human rights training which further promoted awareness in regards to this area of care.

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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant