

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Abbey Village Group Homes
<b>Centre ID:</b>	OSV-0005250
<b>Centre county:</b>	Donegal
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Jacinta Lyons
<b>Lead inspector:</b>	Stevan Orme
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	15
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 17 August 2016 10:00 To: 17 August 2016 18:45

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection**

This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. As the centre had been inspected on 18 and 19 May 2016 against 11 outcomes, the remaining seven outcomes were inspected against on this inspection in addition to a review of the actions the provider had undertaken since the most recent inspection.

The designated centre is part of the service provided by the Health Service Executive (HSE) in Donegal, and provided residential services to adults with an intellectual disability.

### How we gathered our evidence

During the inspection the inspector met with seven residents at the centre. One resident told the inspector that they enjoyed living at the centre, and that they were supported by staff in a respectful and dignified manner. Where residents were unable to tell the inspector about the quality of service they received, the inspector observed residents to appear comfortable and happy at the centre. The inspector met with six staff members and interviewed the person in charge as part of the inspection. The inspector observed practices and reviewed documents such as care plans, medical records, policies and procedures, and staff files.

### Description of the service

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre comprised of three adjacent self-contained houses, each of which could accommodate up to five residents. The houses were located in a rural setting close to a local town. There were suitable communal spaces and accessible gardens throughout the centre. The centre was available to adults with intellectual disabilities.

### Overall Findings

Overall, the inspector found that residents had a good quality of life in the centre, and the provider had arrangements to promote the rights and safety of residents. The inspector found that both the centre's layout, and support provided, was reflective of the assessed needs of residents.

The person in charge demonstrated knowledge and competence during the inspection and the inspector found them to be a fit person to participate in the management of the centre.

### Summary of regulatory compliance

The centre was inspected against 18 outcomes. The inspector found that the provider had put appropriate systems in place to ensure the regulations were being met, and that overall previous inspection actions had been addressed where timescales had elapsed.

The inspectors found compliance in 13 out of the 18 outcomes inspected, with a positive focus on the promotion of residents' rights, social care needs and access to healthcare. Moderate non-compliance was found in two outcomes relating to fire safety, policies and the centre's resident guide, with substantially compliance being identified in three outcomes.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found the centre had policies and care practices in place to ensure residents' rights were promoted and they were involved the running of the centre.

Residents told the inspector that they were involved in the running of the centre, which was reflective of staff knowledge and regular monthly residents' meetings minutes examined. Resident meetings covered residents' involvement in choosing activities and meals, and discussed complaints and provided information on advocacy services. Furthermore information on advocacy services and the centre's complaints policy was displayed throughout the centre.

The centre's complaints policy was comprehensive and available in an accessible format. The policy identified nominated complaints persons and the investigation and management of complaints. Residents, dependent on their abilities, told the inspector that they were happy with the support they received, and how they would complain if this was not the case, which was in line with the centre's policy and staff knowledge. The centre maintained a record of all complaints received and actions taken, which was reflective of both the policy and staff knowledge.

Residents were supported to access a range of activities reflective of their interests, which was reflective of their personal plans and daily care notes examined, activities included for example day services, local restaurants, cinemas and day trips.

The centre had a visitors policy, which was reflective of residents' experiences and discussions with staff. The centre provided facilities for residents to meet their family in

private.

Residents' finances were maintained in a safe and accountable manner with all transactions being recorded. Residents had access to laundry facilities, along with suitable storage for personal belongings in their bedrooms.

The inspector observed staff supporting residents in a dignified and respectful manner throughout the inspection.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre had a policy on resident communication, and residents were supported with their communication needs in line with personal plans.

Personal plans identified the communication needs of residents and staff knowledge was reflective of the supports identified, and observed by the inspector while at the centre, for example the use of pictorial reference aids.

Residents had access to radio, television and the internet at the centre.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre had a visitor's policy and residents were supported to maintain personal relationships and engage in activities in the local community.

Where able, residents informed the inspector that they were supported to maintain family and personal relationships which were reflective of daily care notes and staff knowledge. The centre provided facilities across the three houses for residents to meet visitors in private, with no restrictions in place.

Staff told the inspector that residents' families attended personal plan reviews in accordance with the wishes of the resident which was reflected in documents reviewed.

Residents accessed a range of activities in the local community such as personal shopping, restaurants and trips to places of interest in line with their personal preferences as shown in personal plans and daily care notes, and reflective of staff knowledge.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre's admission and discharge policy was in line with the experiences of residents, with contracts of care being issued on admission to the centre.

The centre's admissions and discharge policy was reflected in the centre's statement of purpose, although the inspector found that it had not been reviewed in line with regulatory timeframes.

Each resident had an accessible contract of care, which included total fees and any additional charges such as community activities costs, although the inspector found that not all contracts had been signed by both the provider and the resident or their representative.

**Judgment:**  
Substantially Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that residents were supported in line with their assessed needs to achieve personal goals.

The inspector did not review all aspects of this outcome, examining the provider's progress on actions identified in the previous inspections findings.

Following the centre's previous inspection, the inspector found residents' personal plans had been reviewed with goals identified which were reflective of the residents' assessed needs. For example accessing sensory based activities, attendance at music events of residents' favourite artists and accessing local amenities such as beauticians.

Furthermore, the inspector found that personal plan identified named staff to support residents to achieve their goals, within agreed timeframes with progress recorded on achievements.

Personal plans were available in an accessible format reflective of the needs of residents and reviews had been conducted in a manner to ensure the maximum participation of the resident and their family members.

Each resident had a comprehensive assessment of their needs including health, communication, social and dietary needs. Assessments were reflective of residents' personal plans and risk assessments, as well as staff knowledge and practices observed by the inspector.

**Judgment:**  
Compliant



**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre was well maintained and provided adequate communal and private space reflective of residents' needs.

The centre comprised of three houses situated close to each other. The houses were well maintained and decorated to a good standard, with bedrooms being personalised by residents to reflect their choices and interests. Supports were in place to assist with accessibility throughout the centre such as handrails in hallways and bathrooms, and residents had access to a call bell system in bedrooms to call staff for assistance if required.

Each house comprised of six bedrooms with en suite shower and toilet facilities; one bedroom was used by staff providing overnight support to residents. In addition each house had a communal bathroom available if required. All bedrooms provided suitable storage facilities for resident possessions. Communal rooms such as bathrooms, sitting rooms and kitchen dining areas were furnished to a good standard and were reflective of the needs of residents at the centre.

Suitable arrangements were in place at the centre for the safe disposal of general and clinical waste and residents had access to laundry facilities in each house.

The previous inspection had identified miscellaneous debris such as broken furniture in the garden of one of the house which could present a risk of injury to residents. The inspector found that all gardens were well maintained and the previous debris removed, with no further risks identified.

The centre is located in a rural setting with access to amenities such as shops and restaurants.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Risk management and fire safety policies and procedures ensured the safety of residents at the centre.

The centre's safety statement and risk register was comprehensive and specific to the service, outlining risks relating to residents, the premises, infection control and fire for example and was reflective of the centre's risk management policy. Following the previous inspection, the centre's risk management policy and resident risk assessments had been reviewed to include risks previously not assessed such as self harm. The inspector found that risk assessments were reviewed regularly and were reflective of staff knowledge and practices at the centre.

The inspector observed that the centre's accident and incident records included learning from incidents, which was then reflected in personal plans and risk assessments reviewed.

Infection control measures observed by the inspector were in line with residents' needs.

Fire equipment was regularly checked by staff and serviced by an external contractor and included a fire alarm, fire doors, break glass call points, emergency lighting and fire extinguishers. The centre conducted regular simulated fire drills and residents and staff confirmed they had participated in these. All staff had received fire safety training in line with the centre's policy, and both resident and staff knowledge was reflective of the centre's evacuation procedure. The centre's evacuation plan was displayed prominently throughout the centre.

Following the previous inspection, the centre recorded all those participating in the fire drills, although the inspector found that drills had not occurred under minimum staffing level conditions and fully in line with the displayed procedures in one of the three houses.

The inspector reviewed the residents' person emergency evacuation plans (PEEPs). Plans identified any specific supports required by the resident, and were reflective of staff knowledge.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The centre had policies in place on the prevention, detection and investigation of abuse and provided personalised support in the management of behaviour.

Due to being reviewed at the inspection in May 2016, the inspector only reviewed progress made by the provider in addressing actions previously identified. The inspector found that following the previous inspection not all staff had attended training on positive behaviour management and safeguarding of vulnerable adults, however timeframes from the previous inspection had not elapsed at the time of the inspection.

Throughout the inspection, the inspector observed residents being supported in a respectful and dignified manner by staff, and were able residents told the inspector that they liked the staff and were happy with the support they received.

Furthermore, the centre had a policy and procedure in place on the prevention, detection and investigation of abuse, which was reflective of staff knowledge on what constitutes abuse and the actions they would take. Following the previous inspection, restrictive practices operated at the centre were recorded, assessed and reflective of residents' needs, although the inspector found that assessments still did not provide adequate information to guide staff practices.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

A record of all notifications submitted to HIQA was kept at the centre including all notification submitted under Schedule 4 of the regulations.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the centre supported residents to access both educational and social activities reflective of their needs.

The centre had a policy on the accessing of education, training and development, which was reflective of the supports provided to residents as identified in personal plans, and reflective of staff knowledge.

Personal plans identified residents' personal preferences and activities accessed, which was reflective of activities at the centre and the local community recorded in daily care notes and staff knowledge such as attendance at day services, meals in local restaurants, personal shopping, music events and trips to places of interest.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre ensured that residents were comprehensively supported to manage their health.

As reviewed on the previous inspection in May 2016, the inspector did not examine all aspects of this outcome. The inspector reviewed residents' healthcare records and found that residents had access to a range of allied healthcare professionals including general practitioners (GP), psychiatrists, chiropodists and dentists. Furthermore, residents had a GP of their own choice, which was reflective of discussions with staff and records examined.

Following the previous inspection, personal plans had been updated to provide sufficient information to staff on residents' individual dietary needs which were reflective of speech and language therapist recommendations examined.

Residents had access to healthy and nutritious meals as reflected in food records maintained at the centre. Staff and, where able, residents told the inspector that they choose the meals provided at the centre, and were involved in food shopping. Residents were involved in preparing meals dependent on their abilities. This was reflective of discussions with staff and supports identified in residents' personal plans. Meal times at the centre were observed to be of a positive and social nature.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector did not review all aspects of this outcome due to the findings of the previous inspection in May 2016.

The inspector found that following the previous inspection, the centre had introduced arrangements for the segregated storage of out-of-date or to be returned medication.

**Judgment:**  
Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre's statement of purpose was reflective of service provided to residents.

The inspector did not review all aspects of the outcome as this had been inspected against in the previous inspection in May 2016. Furthermore, the person in charge confirmed to the inspector that the outstanding action from the previous inspection on the development of an accessible version of the centre's Statement of Purpose would be completed within the agreed timescales.

Following the previous inspection, the inspector found that the statement of purpose had been reviewed to ensure compliance with Schedule 1 of the regulations and was appropriately dated.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Governance and management arrangements at the centre ensured residents were kept safe and supported with their identified needs. The inspector did not examine all aspects of this outcome as this had been examined as part of the previous inspection in May 2016.

The management structure was reflective of the centre's statement of purpose and staff knowledge. The person in charge is full-time, was known to the residents, had a daily presence in the centre and was available as and when required. Staff told the inspector that they found the person in charge both approachable and responsive to their needs. The inspector interviewed the person in charge and found them to be suitably qualified and knowledgeable on the needs of residents, as well as their role under regulation.

There were effective systems in place for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded. The person in charge and nursing staff conducted audits on practices at the centre, for example medication management, care planning and nutrition and hydration. The person in charge used the audits' outcomes to improve the service as evidenced in team meeting minutes examined.

The provider conducted six monthly unannounced visits to the centre, with written reports on the visits being available at the centre.

Following the previous inspection's findings, the annual report on the quality of care and support at centre was still audit based and although it identified areas for improvement, it did not reflect actions undertaken to address issues from the previous year, however the agreed timeframes for the action had not elapsed at the time of the inspection.

**Judgment:**

Substantially Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre had suitable arrangements in place in the event of the person in charge's absence.

The person in charge confirmed their understanding of the requirement under regulation to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. Arrangements in place, in the event of an absence of the person in charge, were reflective of staff knowledge and the centre's contingency plan reviewed by the inspector.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found the centre was reflective of the statement of purpose and the needs of residents.

Staffing levels and resources at the centre were sufficient to meet the needs of residents, and were reflective of personal plans, daily care notes and staff knowledge. A vehicle was available at each of the three houses to support residents to access local amenities such as leisure activities, shops, restaurants and places of interest.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce



**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector did not review all aspects of the outcome due to the previous inspection's findings in May 2016.

Further to the previous inspection, the inspector found that staff received training reflective of the residents' needs and that staffing levels were reflective of the individual needs of residents.

Following the previous inspection, the inspector found the centre had both a planned and actual roster which was reflective of staffing during the inspection. Furthermore, the person in charge confirmed that formal supervision arrangements had commenced for staff, and this was reflective of documentation reviewed such as individual staff's 'personal development plans' and staff knowledge.

Staff informed the inspector that they participated in team meetings attended by the person in charge, and records reviewed showed discussions on resident needs, staff training and organisational policy. Staff had access to previous HIQA inspection reports and staff knowledge of the regulations was proportionate to their roles and responsibilities.

The inspector reviewed a sample of personnel files, which contained all information as required under Schedule 2 of the regulations.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Findings:**

The inspector found that overall records and documentation required under regulations were maintained at the centre.

Following the previous inspection, the inspector reviewed the centre's emergency policy and found this provided guidance on the management of events such as loss of heat, water or power and was reflective of staff knowledge. Furthermore, food logs had been introduced at the centre detailing food provided to residents following the findings of the previous inspection.

The inspector found that although the centre maintained the majority of records and documentation under regulation, policies on residents' personal property, personal finances and possessions and recruitment were not available at the centre. Furthermore, the centre's admission policy had not been reviewed in accordance with regulatory timeframes.

A guide to the centre was available to residents, although this did not meet the requirements under Regulation 20 of the Health Act 2007 (Care And Support Of Residents In Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013. The resident guide for example did not include information on the residents' tenancy, resident consultation, visiting arrangements and the complaints procedure.

The centre was insured against accidents or injury to residents, staff and visitors and the policy was up to date.

**Judgment:**  
Non Compliant - Moderate

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Stevan Orme  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Abbey Village Group Homes
<b>Centre ID:</b>	OSV-0005250
<b>Date of Inspection:</b>	17 August 2016
<b>Date of response:</b>	23 September 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Residents' contracts of care were not signed by the provider, the resident or the residents' representatives.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**1. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**

To have all contracts of care reviewed and signed by each resident or representative  
The Provider shall sign all contracts.

**Proposed Timescale:** 31/10/2016

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Simulated fire drills were not reflective of procedures at the centre.

**2. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**

The Person In charge shall ensure that the arrangement for practice fire drill evacuations are completed in line with the regulations.

**Proposed Timescale:** 31/10/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Risk assessments did not provide sufficient information to guide staff on the use of restrictive practices.

**3. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**

· Person In Charge to ensure that sufficient information is updated on Risk Assessment to guide staff on use of restrictive practices that are applied in accordance with National Policy and Evidence based practice.

**Proposed Timescale: 31/10/2016**

**Theme: Safe Services**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff at the centre had not all received training in positive behaviour management.

**4. Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Please state the actions you have taken or are planning to take:**

The Person in Charge to ensure all staff receives training in positive behaviour management.

**Proposed Timescale: 31/10/2016**

**Theme: Safe Services**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff at the centre had not all received training on safeguarding of vulnerable adults.

**5. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**

As an Interim measure the Person in Charge will ensure that all staff receive local training in relation to safeguarding residents and the prevention, detection and response to abuse by October 31st 2016

All Staff will receive National Safeguarding Awareness training.

**Proposed Timescale: 30/11/2016**

**Outcome 14: Governance and Management**

**Theme: Leadership, Governance and Management**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider's annual report was audit based and while it identified areas for improvement, did not comprehensively reflect the improvements that had taken place

in the service over the previous year.

**6. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**

The Provider Nominee will complete an Annual Review which will include and reflect the improvement that had taken place in the service over previous year

**Proposed Timescale:** 30/11/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The centre did not have all policies in place as detailed in Schedule 5 of the Regulations.

**7. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

The Provider Nominee will ensure that policies as detailed in schedule 5 of Regulations are in place

**Proposed Timescale:** 30/11/2016

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The centres' admission policy had not been reviewed in accordance with regulatory requirements.

**8. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**

·The Provider will ensure the centres Admission Policy will be reviewed in accordance with regulatory requirements.

**Proposed Timescale:** 30/11/2016

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The residents' guide to the centre did not include all requirements under regulation.

**9. Action Required:**

Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

**Please state the actions you have taken or are planning to take:**

The Person in Charge will ensure Residents Guide will include all requirements under Regulation 20

**Proposed Timescale:** 30/11/2016