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:	Abbeyglen
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	05 April 2023
Centre ID:	OSV-0008022
Fieldwork ID:	MON-0033233

About the designated centre

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

Abbeyglen provides residential care for up to three residents, over the age of 18 years. The stated aim of the centre is to provide appropriate quality care and support to individuals experiencing a diagnosis of an intellectual disability, autism, epilepsy, physical disability and mental health issues. It is located in a town in North Co. Dublin and close to a variety of local amenities and public transport links. The centre comprises of a three bed-roomed, two storey bungalow with a self contained apartment for one resident, to the rear of the property. The resident living in their own apartment had their own ensuite bedroom, kitchen, sitting room area and access to the back garden. The main part of the house contained three ensuite bedrooms, kitchen, utility room, living room with a kitchenette and three separate sitting room areas. There is an enclosed back garden and patio area for recreational use. The residents are supported on a 24 hours basis while in the centres care, by a staff team comprising of a person in charge, team leaders and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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 5 April 2023	10:00hrs to 16:30hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents living in the centre received care and support which met their assessed needs. However, there were some improvements required to ensure that a consistent staff team was maintained in the centre and for specific goals to be established for residents to maximise the individual resident's personal development in accordance with their wishes.

The centre comprised of a detached three bedroom bungalow with a self contained apartment for one resident to the rear of the centre. The centre was registered to accommodate a total of three residents and there were no vacancies at the time of this inspection. Two residents were living in the main house and one resident lived in the self contained apartment. The centre was first registered in May 2021 and each of the residents transitioned to the centre soon there after. There were appropriate governance and management systems in place which ensured that appropriate monitoring of the services provided was completed.

On this inspection, the inspector met briefly with two of the three residents living in the centre. One of these residents was unable to express to the inspector their views of the service but was observed to be comfortable in the company of staff. The other resident met with, was reluctant to engage with the inspector but did express to the inspector that they were happy living in the centre. However, this resident told the inspector that their preference was to move back to a previous placement and to spend overnight stays in their family home. The management team were in the process of exploring these wishes with relevant individuals. Warm interactions between the residents and staff caring for them was observed. One of the residents was supported by staff to go for a walk and to attend a planned visit to their family home. Another resident was observed to be supported by staff to make their bed and to go out for a drive and coffee.

Photos of the residents and their family members were on display in a number of the residents rooms. One of the residents had a love of 'Disney' characters and had an array of memorabilia and soft furnishings on display in their apartment. Staff were observed to interact with residents in a caring and respectful manner. For example, one of the residents was displaying behaviour that challenges and was supported by staff to manage their behaviours in a kind and dignified manner.

The centre was found to be comfortable, accessible and homely. There was a good sized and well maintained garden for the residents' use to the rear of the centre which could be accessed by the apartment and the main house. The main house was spacious with a good sized kitchen come dining room. In total there were four separate living or sitting room areas. One of which contained a small kitchenette. The provider had proposed plans to reconfigure the layout of the main part of the house so as to provide each of the residents with their own contained space. It was proposed that once funding was secured for these plans that the provider would

submit an application to the office of the chief inspector to vary its conditions of registration to reflect the proposed structural changes. It had been assessed that an individualised living space and service would best meet the needs of each of the two residents living in the main part of the centre. Each of the residents had their own en-suite bedroom which had been personalised to their own taste. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

Residents and their representatives were consulted and communicated with, about decisions regarding the residents' care and the running of the centre. There was evidence of regular house meetings with the residents and conversations with residents in relation to their needs, preferences and choices regarding activities and meal choices. The inspector did not have an opportunity to meet with the residents' relatives but it was reported that they were happy with the care and support that the residents were receiving. The residents had access to an advocacy service if they so wished.

The residents' were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including visits to the centre and to residents' family homes, video and voice calls. There were no restrictions on visiting to the centre.

The residents were supported to engage in meaningful activities in the centre and within the local community. Two of the residents were engaged in a formal day service programme while the third resident was engaged in an individualised service in the centre which it was considered best met this residents needs. Examples of activities engaged in by the residents included, Jigsaws and board games, walks to local scenic areas, arts and crafts, bowling, train journeys, cinema, swimming and going out for meals. The centre had a vehicle for use by the residents.

The full complement of staff were not in place at the time of inspection. There were four and a half whole time equivalent staff vacancies.In addition, one further staff member was on extended leave. The vacancies were being covered by a number of redeployed staff from another centre and by a number of relief and agency staff. It was noted that efforts were made to use a consistent group of agency staff where possible. The inspector noted that the residents' needs and preferences were well known to staff met with, and the person in charge.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. However,

there were a number of staff vacancies at the time of inspection.

The centre was managed by a suitably qualified and experienced person. An interim person in charge had been appointed pending the appointment of a new full time position, following the resignation of the previous person in charge. The interim person in charge had a good knowledge of the assessed needs and support requirements for each of the residents. She also held the title of head of operations but the majority of her responsibilities for that role had been delegated to others. Recruitment was underway for a new person in charge. The interim person in charge had more than 15 years management experience and she was suitably qualified. She was in a full time position and was also responsible for one other designated centre. The interim person in charge was supported by three and a half, whole time equivalent team leaders in this centre.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The interim person in charge reported to the regional director, who in turn reported to the chief executive officer. The interim person in charge and regional director held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. In addition, the provider completed monthly monitoring visits and reports and it was noted that these included feedback from service users and their representatives. The interim person in charge and team leader had undertaken a number of other audits and checks in the centre on a regular basis. Examples of these included, quality and safety checks, medication, finances and infection control. There was evidence that actions were taken to address issues identified in these audits and checks. A quality enhancement plan was in place which included issues identified through the various audits and proposed actions. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. However, at the time of inspection the full complement of staff were not in place. There were four and a half whole-time equivalent staff vacancies in the centre with one further staff member on extended leave. A number of deployed, relief and agency staff were being used to cover these vacancies. Although it was evident that efforts were made to use the same agency staff, this was not always possible. Consequently, this meant that consistency of care for the residents could not be assured. A number of the staff team had been working with the residents for an extended period which did provide some consistency of care. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of

inspection.

Regulation 14: Persons in charge

The interim person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. However, at the time of inspection, there were four and a half whole time equivalent staff vacancies. A number of redeployed, relief and agency staff were being used to cover these vacancies. Although it was evident that efforts were made to use the same agency staff, this was not always possible.

Judgment: Not compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Staff had attended all mandatory training.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was in place and this was found to contain all of the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. There was a quality enhancement plan in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A contract of care was in place which outlined the services to be provided and detailed the fees payable in a bills agreement section.

Judgment: Compliant

Quality and safety

The residents living in the centre, received care and support which was of a good quality and person centred. However, some improvements were identified in relation to the arrangements for the annual review of residents' personal plans.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. An everyday living assessment and support plan was in place for each of the residents. These reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. An annual review of the personal plans had been completed. However, the review did not always assess the effectiveness of the plan in place as per the requirements of the regulations. Although goals were identified for each of the residents, these were not always found to be specific or measurable for the individual resident to support them to reach their full potential. For example, goals identified for one resident was to engage in walking and art work.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments in place. These outlined appropriate measures in place to control and manage the risks identified. There was a risk register in place. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted

opportunities for learning to improve services and prevent incidences. Suitable precautions were in place against the risk of fire.

Residents were provided with appropriate emotional and behavioural support. However, it was noted that the behaviours of some residents could on occasions be difficult for staff to manage in a group living environment and consequently could have an negative impact on another resident. The provider had identified this and was in the process of reviewing the physical layout of the centre with a view to establishing two separate and self contained areas in the main part of the house. This would mean that each of the residents would have their own individualised space and service which it had been assessed would better meet these residents needs. Behaviour specialists were engaged by the provider to work with a number of the residents. They provided regular support for the individual residents and staff team. Behaviour support plans were in place for the residents identified to require same.

The provider had a safeguarding policy in place. There were appropriate arrangements in place to respond to all allegations or suspicions of abuse. Intimate care plans were in place for residents identified to require same which provided sufficient detail to guide staff in meeting the intimate care needs of residents. A restrictive practices log was maintained and reviewed at regular intervals.

There were procedures in place for the prevention and control of infection. The inspector observed that all areas appeared clean and generally in a good state of repair. There was a painter on-site on the day of this unannounced inspection who was observed to touch up painting in a number of areas. However, in one of the resident's en-suite bathrooms, a rust like substance was observed on the radiator and the tile grouting was stained in areas. This meant that it was difficult to effectively clean these areas from an infection control perspective. The provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control, proper use of personal protective equipment and effective hand hygiene had been provided for staff.

Regulation 17: Premises

The centre comprised on a self contained apartment for one and main part of the house for two residents. The centre was found to be homely, suitably decorated and overall in a good state of repair. Each of the residents had their own bedroom which had been personalised to their own taste. There was a painter on-site on the day of inspection who was observed to 'touch up' paint on walls and woodwork in a number of areas. As referred to under Regulation 27, maintenance was required in one of the resident's en-suite bathrooms.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of the resident, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. However, in one of the resident's en-suite bathrooms, a rust like substance was observed on the radiator and the tile grouting was stained in areas. This meant that it was difficult to effectively clean these areas from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Fire drills involving the residents were undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner. There was documentary evidence that the fire fighting equipment and the fire alarm were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of the residents in the event of fire was prominently displayed. Self closing devices had been installed on all fire doors. Fire safety arrangements were noted to be discussed at residents meetings. The residents had personal emergency evacuation plans which adequately accounted for the mobility and cognitive understanding of the individual residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. However, some improvements were required to ensure that the annual review of the personal plans, assessed the effectiveness of the plan in place in line with the requirements of the regulations, and to ensure that specific goals were established for residents to maximise the individual resident's personal development in accordance with their wishes.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' healthcare needs appeared to be met by the care provided in the centre. Health plans including dietary assessment and plans were in place. Residents had regular visits to their general practitioners and other allied health professionals as required. Health passports with pertinent detail were on file should a resident require transfer to hospital. A recent 'Ok Health check' had been completed for each of the residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents appeared to be provided with appropriate emotional and behavioural support. There were documented reactive strategies in place to guide staff in supporting the residents to deal with identified activities. A register was maintained of all restrictive practices which were subject to regular review. A behaviour specialist was engaged by the provider to work with a number of the residents.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. However, it was noted that the behaviours of some residents could on occasions be difficult for staff to manage in a group living environment and consequently could have an negative impact on another resident. The provider had identified this and was in the process of reviewing the physical layout of the centre with a view to establishing two separate and self contained areas in the main part of the house. A defined timeline to reconfigure the layout of the centre had not yet

been agreed.
Judgment: Substantially compliant

Regulation 9: Residents' rights

The residents rights were promoted in the centre. Residents' had access to an advocacy service if they so wished. There was evidence of consultations with the resident and their family regarding their care and the running of the house. On the day of inspection, all interactions with residents were observed to be respectful. It was noted that rights were discussed with residents at their individual key working sessions on a monthly basis.
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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbeyglen OSV-0008022

Inspection ID: MON-0033233

Date of inspection: 05/04/2023

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered provider will ensure there is active recruitment of staff to provide consistency of care and support required to residents. The Person in Charge will recruit 4WTE vacancies and a relief panel of staff. In the interim agency staff used are suitably experienced, qualified and consistent. Date: 13/11/2023	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Registered Provider will ensure required works to bathroom are completed to meet infection control standards and that all areas can be appropriately cleaned. This work will include a new bathroom re-fit with wipe able shower panels instead of tiles. Date: 18/08/2023	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and personal plan:
The Person In Charge will ensure that all annual reviews assess the effectiveness of individual's plans.
Date: 21/12/2023

The Person in Charge will ensure key workers meet monthly with each resident to set and review goals which are specific to the resident and measureable.
Date: 30/6/2023

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Registered Provider is in the process of reviewing the Physical layout of the centre to ensure residents assessed needs are met. Any required reconfiguration works to the property will be carried out in a timely manner and in the best interests of residents.
31/1/2024

The Person in Charge has ensured that residents receive support on an individual basis to reduce the immediate impact of any behaviours from others.
Date: 29/05/2023

The Person in Charge will ensure there is monthly Positive Behaviour Support consultancy in the centre.
Date: 29/05/2023

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	13/11/2023
Regulation 27	The registered provider shall ensure that 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	Substantially Compliant	Yellow	18/08/2023

	infections published by the Authority.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	21/12/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/01/2024