



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

Issued by the Chief Inspector

Name of designated centre:	Ballard House
Name of provider:	The Rehab Group
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	23 May 2022
Centre ID:	OSV-0002667
Fieldwork ID:	MON-0036530

About the designated centre

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

Ballard House is a designated centre operated by RehabCare. It provides a community residential service to up to four adults with a disability. The designated centre is a large two storey house which comprises of four individualised resident bedrooms, an office, a staff bedroom, a sitting room, living room, sun room and kitchen. The designated centre is located in a busy town in County Offaly with access to local amenities and facilities. The staff team consists of residential care workers. The staff team are supported by the person in charge.

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
Monday 23 May 2022	09:30hrs to 13:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents enjoyed a good quality of life and that they were actively supported in terms of their independence and community access.

This was an unannounced inspection to examine infection prevention and control (IPC) arrangements in this centre. The inspector did not get the opportunity to meet with residents as some were attending their respective day service during the times of inspection and another resident was on a foreign holiday with their family.

Even though the inspector did not meet with residents, it was apparent that they were enjoying a good quality of life. Staff members who facilitated the inspection explained that two residents enjoy walking into the nearby town by themselves to browse around the shops and also to pick up some personal items in a nearby newsagents. Residents had also recently travelled as a group on the train to Galway and enjoyed a day out. A review of daily notes showed that residents were out and about on a daily basis and that they informed staff of where they were going and their expected time of return which assisted in their personal safety.

Staff who met with the inspector had a good understanding of resident's individual care needs and they discussed what activities that residents enjoyed and how the centre had prepared for COVID 19. They spoke confidently about individualised plans for residents who may be required to self isolate and also about the IPC arrangements in the centre.

A staff member explained that two residents would isolate in the centre and that two residents would be required to move to an isolation hub if an outbreak of COVID 19 occurred. Associated individualised plans which were reviewed by the inspector were found to be comprehensive in nature and they were reflective of staff knowledge in regards to the assistance that residents may require should they become suspected or confirmed as having COVID 19.

The centre's team leader attended the centre to facilitate the inspection and she had detailed knowledge of the IPC arrangements. She showed the inspector the mop storage area and explained the colour coding system which was in place for mops and cleaning cloths which guided staff in their use. The team leader also explained the colour coding for areas which may have a resident who is suspected or confirmed as having COVID 19 and how this system was used to prevent the spread of disease.

The centre was a large detached house which was located within walking distance of a large town in Co. Offaly. Each resident had their own bedroom and two residents had ensuite facilities. There were also a number of shared bathrooms and the residents had three reception rooms in which to relax or have visitors. The inspector found that the centre had a warm and homely feel and many areas were well maintained. However, some aspects of the centre, including flooring and utility

cabinet doors, were damaged and which affected staff member's ability to effectively clean and sanitise these areas.

The centre appeared like a pleasant place in which to live and staff members who supported residents had a good understanding of their care needs and the arrangements to keep them safe. Some further adjustments were required in regards to maintenance of the centre, but overall residents were supported to enjoy a good quality of life.

Capacity and capability

The inspector found that overall, that infection prevention and control (IPC) was actively promoted in this centre and the provider had good oversight of care practices. However, some adjustments were required in regards to maintenance, also the centre's IPC policy did not contain relevant information in regards to the colour coding system which was used to clean and disinfected the centre.

A person in charge of another designated centre and the centre's team leader facilitated the inspection and a senior member of the management team also attended the centre to further outline the oversight arrangements which were in place. Both staff members had a good understanding of the residents' needs and also of the arrangements which were in place to support them with their individual care preferences.

The IPC policy was reviewed and the inspector found that generally this was a robust document which outlined how IPC was promoted in this centre. The policy was also supported by 16 operating procedures which gave specific guidance in areas such as waste management, laundry management, hand hygiene and environmental hygiene. However, as mentioned above, this policy did not outline the colour coded cleaning system which was in place and used by staff on a daily basis. Although, staff who were on duty had a good knowledge of this system, adjustments were required to the policy to ensure that it guided practice for all staff in the centre.

The provider had also prepared a COVID 19 outbreak and contingency plan which outlined how the centre had prepared for the risk of COVID 19 and also how the centre would respond should a resident become infected with the disease. The inspector found that these plans were detailed in nature and clearly outlined the arrangements which would be implemented to ensure that residents' health and wellbeing would be promoted. Contingency planning also identified basic IPC measures which were implemented to ensure that the centre was cleaned and disinfected and also the enhanced IPC arrangements which would be implemented during an outbreak such as the use of additional personal protective equipment

(PPE), donning and doffing areas and the cleaning and disinfection of the centre.

The person in charge ensured that the centre was cleaned to a good standard and a range of both cleaning checklists and audits assisted in ensuring that this standard was actively promoted and maintained. Management of the centre also highlighted that further maintenance was planned for the upcoming months to rectify issues such as damaged flooring and the team leader highlighted that there was regular maintenance occurring with recent painting completed. Although, management were aware of maintenance issues, they were impacting on staff member's ability to effectively clean and sanitise these areas.

Staff were observed to wear face masks and they were also observed to wash and sanitise their hands frequently. Visitors were also required to undertake a temperature check before they enter the centre and staff advised the inspector of the hand sanitising arrangements as the inspection commenced. The provider was aware of the importance of IPC and an external person had completed an IPC audit which assisted in ensuring that IPC in this centre was maintained to a good standard.

There was relevant information on display to remind both staff and residents of the IPC arrangements in the centre. Staff also attended regular team meetings where IPC was discussed. A review of training records also indicated that staff were up-to-date with their training needs and additional training in IPC and PPE had been completed by all staff.

Overall, the inspector found that the oversight and governance arrangements which were in place actively promoted IPC in this centre. Some improvements were required in regards to maintenance and the centre's IPC policy; however, adjustments in these areas would further build upon the many areas of good practice which were found on this inspection.

Quality and safety

Overall, the inspector found that residents were supported to enjoy a good quality of life and that they were actively involved in their local community. Some improvements were required in regards the maintenance of the centre and also in regards to the centre's policy, however, staff were found to have a good understanding of IPC procedures and areas which didn't require maintenance were cleaned to a good standard.

It was clear from the centre's outbreak management plan that the wellbeing and welfare of residents was to the forefront of care. The centre's team leader explained how the plan would be implemented which detailed each resident's proposed plan of care. The team leader explained that two residents would be facilitated to isolate in their home and two residents would be required to transfer to an identified isolation hub. The inspector found that the plan was very detailed in nature and clearly

identified the IPC arrangements for two residents while they were awaiting transfer to the isolation hub. As mentioned above, the outbreak management plan was resident focused and it clearly outlined how residents health and wellbeing would be both promoted and monitored throughout any recommended isolation period.

Staff members who met with the inspector had a clear understanding of the IPC arrangements and the team leader spoke at length in regards to the promotion of cleaning and disinfection in this centre. Staff members completed specific cleaning tasks as part of their working day and they also completed associated work sheets which facilitated management of the centre to audit and oversee the IPC arrangements in the centre.

The premises was very homely in nature and residents had three separate reception rooms in which to relax or have visitors. These rooms were spacious in nature and they were also comfortable furnished which gave the the centre a very warm and cosy feel. The team leader explained that one of these rooms had been recently refurbished with new flooring installed and the walls repainted. Each resident had their own bedroom and the inspector did not see these rooms as residents were not present on the morning of inspection. As mentioned earlier, additional maintenance was required in some areas to ensure that staff could thoroughly clean and sanitise all areas. In addition, the inspector also found that the exterior of the centre also required general maintenance and upkeep as paths and external areas had excessive weeds and debris which detracted from the centre's appearance.

The manager who facilitated the inspection, spoke at length in regards to the residents and how some enjoy the freedom of accessing their local town independently. Two residents popped out to visit local shops and coffee shops as they wished and as mentioned earlier, larger group trips had been organised on the train to other large towns and cities. The provider had taken the threat of COVID 19 seriously and robust risk assessments were in place to assist with maintaining residents' safety throughout the pandemic. The above mentioned residents were also supported to access their local communities through a risk management approach, which again, assisted in promoting their safety. Residents also had good access to healthcare professionals and they were regularly reviewed by their general practitioner in times of illness and for scheduled health check ups.

Regulation 27: Protection against infection

IPC arrangements were generally held to a good standard and the arrangements which were in place ensured that staff were appropriately trained and had a good understanding of the IPC measures in this centre. This inspection did highlight that improvements were required in regards to maintenance of the centre and further clarity was required in the centre's IPC policy to guide staff in the colour coded cleaning system which was in place.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Ballard House OSV-0002667

Inspection ID: MON-0036530

Date of inspection: 23/05/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">• Outstanding maintenance issues will be completed by 30/09/2022.• New IPC policy v5 is currently being reviewed, it is expected the new policy will be signed off by 31/07/2022.• IPC policy SOP 4 will include colour coding of cleaning equipment this will be completed and available in the service by 30/06/2022.• Garden maintenance has been completed.	

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 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 infections published by the Authority.	Substantially Compliant	Yellow	30/09/2022