



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

Issued by the Chief Inspector

Name of designated centre:	Ballybrack D.C.
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	17 August 2021
Centre ID:	OSV-0002884
Fieldwork ID:	MON-0026240

About the designated centre

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

Ballybrack designated centre operated by St John of God Community Services Company Limited by Guarantee consisting of two residential community houses both located in South County Dublin. The designated centre intends to meet the specific care and support needs of adults with an intellectual disability. Residents in Ballybrack designated centre require low to medium assistance with their care and support needs. Residents health needs are monitored by a GP of their choice and they are supported by staff to attend medical check-ups as required. One residential house can accommodate up to six residents while the other residential house can accommodate up to four residents. One of the houses caters for males only, the other residence caters for both male and female residents. Residents are supported to travel independently and have access to transport provided by St John of God Services, either through sharing with other locations or with a vehicle assigned to the location. The centre is managed by a person in charge who is supported in their role by a social care leader. The staff team is made up of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 - 2015 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
Tuesday 17 August 2021	10:00hrs to 16:30hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The inspector met and greeted all residents in the designated centre on the day of inspection. Conversations between the inspector, residents and staff took place from a two-metre distance as much as possible, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with National guidance.

Ballybrack D.C. designated centre comprises of two residential houses located in close proximity to each other in a South Dublin suburb. The inspector had carried out an inspection of one residential house in August 2020 where good levels of compliance were found. This inspection focused on mostly on the other residential house in the service and the purpose of this inspection was to ensure a comprehensive inspection of the centre had been carried out for the purposes of making a recommendation for renewal of registration.

During the course of the inspection, the inspector also took the opportunity to inspect the premises and facilities in both houses to follow up on premises improvement works which had been identified on the previous August 2020 inspection.

One resident the inspector met with briefly spoke with the inspector and invited them to look at their bedroom. They were proud of how nice it was. They talked about their family pet dog and told the inspector the dog's name and how fond they were of it. They like to take care of it when they went on home visits.

The resident also demonstrated a good understanding of public health guidelines and was observed putting on a face covering prior to leaving the centre on a social activity.

The inspector also observed three residents sitting at the dining room table engaged in selecting photographs and sticking them into scrapbooks. They were putting together memory scrapbooks of 2020 and the activities and memories they had during that year. A staff member was present and supporting them in doing this process.

Another resident accompanied the inspector as they showed them their apartment. This was observed to be a large comfortable living space with a pleasant sized kitchen living room area and a separate space for their bedroom and bathing facilities. The resident also accompanied the inspector to the garden area to the rear of the house.

The inspector observed the space was reasonably well maintained, however areas of the garden were not accessible to residents. A raised decking area with steps leading up to it had been blocked off as it had been deemed a trip hazard for residents.

Garden furniture was located to the rear of a grassy area to another part of the garden. While this was a pleasant space it did not provide residents with the option to independently access it without the support of staff. Access to the seating area required residents to walk through the grassy area which was slightly sloped and uneven in areas.

Observations carried out of the inside premises of both houses demonstrated they were overall maintained to a good standard and there was a good level of cleanliness throughout. Residents were provided with comfortable bedrooms decorated in line with their interests and preferences throughout. Some further improvements were required to the flooring of one residential house and a water stain mark from a previous leak was also observable on the ceiling of the living room space in the same house.

There was evidence residents were provided opportunities to maintain their general welfare and development while COVID-19 pandemic restrictions were in place. The provider had made arrangements to allocate redeployed staff to the centre in order to maintain the staffing levels to within the numbers as set out in the statement of purpose. This ensured residents' assessed supervision and support needs were maintained as much as possible while in adherence with public health guidelines relating to COVID-19.

Residents were supported to maintain relationships with their families, friends and significant others during the COVID-19 restrictions, electronic devices and technology was used to aid this. Residents had also recommenced home visits with their families in line with public health guidelines. However, residents' day services had not fully commenced again and at the time of inspection their day activity provision continued to occur from home.

Observations of staff interactions with residents was noted to be pleasant, patient and supportive during the course of the inspection. Some residents required support and encouragement to engage in their daily planned activities. The inspector observed staff calmly and patiently encourage residents to commence some of their chores and activities by gently reminding them verbally, allowing them time and going back to them after a period of time to support them and encourage them to do the next stage of their task, for example. This was evidence of person centred, effective support for residents living in the centre.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard, albeit impacted upon by ongoing pandemic restrictions.

Overall, a good level of compliance was found on this inspection, however, as mentioned, improvement was required to the garden area to the rear of the property and to other areas within one residential house that made up the centre. The inspector however, did acknowledge that the provider had made plans to replace the flooring in one of the houses. This demonstrated the provider's proactive approach to improving the quality of the premises.

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 affected the quality and safety of the service being delivered.

Capacity and capability

The findings from this inspection demonstrated the provider had the capacity and capability to provide an improved quality service to meet the needs of residents. It was demonstrated the provider had addressed non-compliances from previous inspections and had enhanced fire safety measures in the centre by completing a suite of fire safety improvement works.

The provider had submitted a full and complete application to renew registration for this designated centre.

The provider had notified the Chief Inspector of the absence of the person in charge for more than 28 days as required by the regulations. However, the period of the person in charge's absence had been extended. At the time of inspection the provider had not appointed another person in charge to manage the centre in their absence, as required by the regulations.

There were however, good oversight arrangements in place to ensure operational management of the centre at a local level. At the time of the inspection, the centre's social care leader was performing an operational management role within the centre in the absence of the person in charge. They facilitated the inspection and were found to be very knowledgeable of the needs of the residents and had ensured staff supervision arrangements were kept up-to-date.

Similarly, personal planning arrangements for residents and oversight audit reviews had continued in the absence of the person in charge. All of these governance and oversight measures had ensured the centre continued to be managed well in the absence of the person in charge with minimal impact to residents quality of service.

In addition a senior manager formed part of the management arrangements in the centre and also facilitated the inspection.

There were arrangements in place to monitor the quality of care and support, the provider had completed a six-monthly provider led audits of the the centre. These were found to be of a good quality and reviewed specific regulations in detail, providing a quality action plan for any areas that required improvement. It was noted that the provider had continued to carry out a provider-led review of the service during COVID-19 restriction period. The provider had also completed a 2019 annual report for the centre as required by the regulations.

The provider had ensured robust staffing contingency measures were in place to manage any staff absences should they occur due to COVID-19. The inspector noted there was a planned and actual roster in place and staffing levels had been

maintained as per the statement of purpose for the centre for the most part.

Redeployed staff were available to manage any staff shortfalls in the short-term. In addition, the provider had a bank of relief staff that supported residents to have meaningful activities. This was a measure set out in the provider's statement of purpose also. The provider had ensured that those staff were from a specific cohort of staff to ensure infection control guidelines and measures were in place.

The inspector reviewed actions from the previous inspection in relation to staff training in areas specific to meet the needs of residents, for example in the areas of dysphagia and epilepsy management. Staff had also received mandatory training in other areas, for example, safeguarding vulnerable adults, fire safety, manual handling and management of behaviours that challenge.

Staff had also received received up-to-date supervision meetings with their manager with supervision dates scheduled for the remainder of the year.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

While the provider had ensured good operational management oversight arrangements for the centre.

They were required to appoint a full-time person in charge of the centre in the absence of the person in charge to ensure compliance with Regulation 14.

Judgment: Not compliant

Regulation 15: Staffing

A planned and actual roster was maintained for the centre which clearly outlined the name and roles of the staff assigned to work each day.

The provider had ensured an appropriate skill mix and number of staff for the

designated centre to meet the assessed needs of residents.

Schedule 2 files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had put in place arrangements to ensure staff were provided with a schedule of training in mandatory areas which also included provision for refresher training in these areas.

Additional training in areas specific to meet the assessed needs of residents were also provided.

All staff had up-to-date training in mandatory areas. It was also noted staff were in the process of completing training in positive behaviour support with scheduled dates arranged for the remainder of the year.

Appropriate supervision of staff arrangements were in place, supervision meetings with staff had occurred during the year with a schedule of supervision meetings for the remainder of the year in place.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured up-to-date insurance was in place for this centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured a six-monthly provider led audits for the centre had been completed for the previous year and were available for review during the course of the inspection.

These were noted to be of a good quality and comprehensive in scope with provision of an action plan for the person in charge to address.

The provider had completed an annual report for the centre for 2020.

The provider had ensured appropriate operational management oversight arrangements were in place in the absence of the person in charge by appointing a social care leader to manage the service in their absence with additional oversight by a senior services manager.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had created a statement of purpose that met the requirements of Schedule 1 of the regulations and accurately described the service provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Arrangements were in place to ensure incidents were notified to the Chief Inspector within the time-lines as set out in the regulations.

Judgment: Compliant

Quality and safety

Overall, residents living in the centre were in receipt of a good quality service. Good levels of compliance were found on this inspection. The provider had also appropriately addressed premises improvement works in one residential house that made up the centre by carrying out a suite of works to a residents bedroom.

However, further improvement was required to the premises of the other residential house that made up the centre. This related to the garden area to the rear of the property and flooring in parts of the house.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes

in procedure relating to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment was in good supply and hand washing facilities were available in the centre with a good supply of hand soap and alcohol hand gels available also. Each staff member and resident had their temperature checked daily as a further precaution.

Fire safety precaution systems were in place and found to be monitored and managed well. On review of fire safety systems for both residential houses that made up the centre it was observed there were good fire containment measures in place. Fire doors were provided throughout each house with automatic door closers in place to ensure their containment effectiveness. Service checks for the alarm, emergency lighting and fire fighting equipment were up-to-date.

Evacuation drills occurred in each house and reviewed the effectiveness of evacuation plans for varying scenarios and escape routes. All staff had received training in fire safety. Each resident had a personal evacuation plan in place.

The inspector noted one resident's bedroom door did not close effectively during the course of the inspection and brought this to the attention of the provider. The provider made arrangements for this issue to be addressed in a comprehensive manner and provided the inspector with evidence of this matter being addressed, in full, shortly after the inspection by an appropriately qualified technician. Therefore, regulation 28: Fire safety precautions was found to be in compliance.

The provider had ensured an up-to-date risk management policy was in place and evidence of the implementation of this policy was found on inspection. Comprehensive review of centre specific risks were in place. A regulatory action in relation to falls management had been addressed since the previous inspection. There was evidence to demonstrate environmental reviews by allied professionals had taken place in both residential houses that made up the centre with evidence of grab rails and coloured equipment in key areas to support residents with visual impairment and dementia related conditions. The provider's policy was also found to meet the requirements of Regulation 26.

The previous inspection had identified some premises improvement works were required. The inspector reviewed if matters had been addressed in particular to one resident's bedroom. The inspector viewed the resident's bedroom following a request for permission to do so. It was noted remedial works required to the walls in the bedroom had been appropriately addressed.

However, further improvements were required to the premises of the second residential house visited during the inspection.

Wooden flooring throughout the living room, kitchen and hallway area was heavily worn in many areas and required replacement. An area to the ceiling of the living room evidenced where a leak had occurred and required repair/repainting. The garden area to the rear of the property was large and spacious, however, it was not laid out to meet the needs of residents and required improvement.

A decked area to the rear of the property was blocked off as it posed a potential trip and fall hazard to residents. Garden furniture were located to the rear of another section of the garden. However, they were only accessible through an uneven grassy area which did not ensure residents could independently access it when they wished to. The inspector however, did acknowledge the provider had put in place plans to change the flooring in the house scheduled to take place later in the year following the inspection.

Residents' assessed behaviour support needs were met in this centre. Detailed behaviour support assessment and planning was in place for residents. These plans have been updated and reviewed by an allied professional with expertise and knowledge in the area of positive behaviour support. Assessments and reviews were detailed and analysed collated data and information and were of a high standard.

Some restrictive practices were required in this centre in order to maintain residents personal safety and as part of behaviour support planning. Each restrictive practice had been reviewed by a human rights committee.

It was demonstrated that safeguarding National policies and procedures were implemented in this centre. Staff had received training in safeguarding vulnerable adults with refresher training available. Safeguarding plans were in place as required and reviewed regularly following any safeguarding incident that occurred. .

Intimate care planning arrangements were also in place for residents were required. These plans provided information with regards to residents' independence skills and areas they required support and help with.

Residents personal plans were comprehensive, up-to-date and provided detailed guidance and information for staff to follow and implement.

Regulation 17: Premises

Actions from the previous inspection had been addressed for the house inspected on the last inspection.

However, improvements were required to some areas for the other house inspected during this inspection, these areas included:

- An area on the ceiling of the living room area required repainting/repair to fix a stain that had occurred following a previous leak.
- The flooring in a number of areas of the house required replacing.
- The garden area to the rear of the property did not provide residents with an entirely accessible space as some areas were blocked off due to a potential fall/trip hazard.
- A space in the rear garden with garden furniture was only accessible through an uneven grassy area and therefore residents could not independently

access this without staff support.

The inspector however, did acknowledge the provider had put in place plans to replace the flooring in the house within the months following the inspection. Therefore, this regulation was found to be substantially compliant.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had an up-to-date risk management policy in place with evidence of its implementation within the centre.

The provider had addressed the previous inspection findings in relation to falls management in the centre.

Personal risk assessments were in place for residents.

A centre specific risk register was in place and updated as required.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place to follow in the event of a COVID-19 outbreak in the centre, with contingency plans available.

There was adequate personal protective equipment (PPE) available and there were sufficient hand-washing and sanitising facilities present.

Staff were observed to wear PPE during the inspection and encourage and maintain social distancing procedures with residents and staff.

COVID-19 risk assessments had been drafted by the person in charge outlining the control measures for mitigating infection control risks in the centre.

Plans were in place to support residents to self-isolate should it be necessary in the event of a suspected or actual case of COVID-19 in the centre

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured appropriate fire safety precautions in the centre.

Fire doors were located throughout both residential houses that made up the centre. These were fitted with automatic door closers.

An issue with one door was noted by the inspector during the course of the inspection.

The provider made arrangements to address the issue with the door in a short time-frame following the inspection and provided the Chief Inspector with comprehensive evidence that the issue had been addressed appropriately by a fire safety technician.

Fire safety equipment had received up-to-date servicing checks.

Fire drills were carried out at regular intervals, taking into account different times of the day and different evacuation routes.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had received a comprehensive assessment of need with associated personal plans in place to guide and direct staff in how to support the resident's care.

Each plan provided an allied professional framework and demonstrated regular review and recommendations were in place to direct the care and support provided to residents in an evidence based manner.

Residents were also supported to engage in personal goal planning with their key workers and people important to them.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents were assessed with behaviour support needs they had support plan arrangements in place.

These plans had been created by appropriately qualified allied professionals and

regularly reviewed.

Where restrictive practices were in place they were to manage a specific personal risk. It was evidenced these restrictions had been referred to the providers Human Rights oversight committee as part of the governance and oversight arrangements for such practices.

Judgment: Compliant

Regulation 8: Protection

There was evidence to demonstrate the provider's adherence to National Safeguarding policies and procedures.

Responsive and effective action was taken in response to safeguarding concerns and/or incidents if and when they occurred.

Staff had received up-to-date training in safeguarding vulnerable adults.

Intimate care planning arrangements were in place for residents requiring supports in this regard.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ballybrack D.C. OSV-0002884

Inspection ID: MON-0026240

Date of inspection: 17/08/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>A person in charge has been identified and will complete the role of person in charge in this DC for the period of time the current person in charge is on sick leave. An NF30 has been submitted in relation to same.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>An area on the ceiling of the living room area required repainting/repair to fix a stain that had occurred following a previous leak – this has been repainted since the inspection</p> <p>The flooring in the downstairs are of the house will be replaced. The residents are currently choosing the flooring of their choice. This will be complete by the 30/11/2021</p> <p>The residents are going into consultation with the housing Association to explore how the garden space can best be utilised. This consultation will also look at ensuring all reas of the garden are accessible. Once the consultative process is completed with the tenants a plan to cost and implement will be drawn up. The date for the garden to be completed and be fully accessible is the 28/05/22.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 14(1)	The registered provider shall appoint a person in charge of the designated centre.	Not Compliant	Orange	16/09/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	28/05/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any	Substantially Compliant	Yellow	28/05/2022

	required alterations to the premises of the designated centre to ensure it is accessible to all.			
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