



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

Issued by the Chief Inspector

Name of designated centre:	Bailin
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	21 April 2023
Centre ID:	OSV-0003283
Fieldwork ID:	MON-0031255

About the designated centre

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

The service is a seven day residential service and is available to adults who have been assessed as having an intellectual disability and who require a high level of support to meet their care and support needs. The designated centre is located on the outskirts of a town centre and amenities. Residents were supported by staff to access amenities. The house had vehicles which were used by residents and staff to access amenities in the town and in other towns. The house provided adequate private and communal space. Each resident had a private bedroom which was decorated in line with their preference. Some residents had private bathrooms and others shared bathroom facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Friday 21 April 2023	10:30hrs to 17:00hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this announced inspection, the inspector met with all of the residents who lived in the designated centre. The designated centre was registered to provide residential supports to five adult residents. The residents' home was a bungalow, located on the outskirts of Waterford city.

On arrival to the centre, residents were leaving to visit a park for a walk. The residents had a planned day off of their respective day services, and therefore they planned to access their local community on their day off. Residents returned at lunch time and spoke with the inspector about their walk, and how they had decided to go for a hot chocolate while there. In the afternoon, one resident was supported to have a visit with their family. At this time, the other residents decided that they would go for a drive to a local seaside village.

All residents living in the centre attended day services. However, this was a new development for one of the centre's residents. This resident now integrated into day services for preferred activities and to socialise with others. This ensured that this resident was now supported to develop relationships and friendships with others.

One resident had transitioned into this designated centre in 2022. This transition was an emergency transition, however a transition plan had been developed to ensure the resident was supported to move safely to their new home in the centre. Staff spoken with discussed getting to know the resident and their support needs throughout this process. It was evident that the resident received effective supports in line with their assessed needs, and that they had settled into their new home.

Residents living in the centre used a variety of methods to communicate their needs and wants. This included gestures, physical prompts, manual signing systems and some verbal communication. One resident verbally expressed that they were happy and content living in their home. Although the other four residents could not clearly state their views on what it was like to live in their home, the inspector spent some time observing residents in their environment. At all times, it was evident that residents were comfortable as they interacted with staff members and each other.

The atmosphere in the centre was calm and relaxed at all times. Staff members also advocated that the inspector met with residents at times where the centre was less busy, in line with the assessed needs of one resident. This ensured that a low arousal environment was provided at all times.

The premises of the designated centre was observed to require upgrade works to address wear and tear, and to ensure better access for residents who used a wheelchair to mobilise. A plan had been put in place to address these issues, with premises works scheduled to be carried out approximately six weeks after the inspection took place. These works were due to take approximately three months to complete, with there being plans for residents to temporarily move to another

location for the duration of these planned building works. It was identified that the completion of these works would have a positive impact on residents' home environment. As the building works included a change to the internal layout of the centre, management of the centre was advised of the actions required to ensure that the centre continued to operate in line with its conditions of registration.

The inspector received five questionnaires completed by residents and their representatives about the care and support they received in their home. Overall, residents were happy with the level of supports that they received in their home. Residents spoke about activities they enjoyed including swimming, horse-riding and trips to the cinema. One resident expressed a wish to go on a holiday, and this had been booked to take place after the inspection. It was noted that a number of residents were looking forward to the planned upgrades that were due to take place in their home. It was identified that this would resolve a number of their wishes for more room to mobilise, the modernisation of their home and better access to the garden area.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Management and oversight systems in the centre ensured that residents received a good level of care and support in their home. Residents were supported by a team that comprised of nurses, social care workers and care assistants. At all times, residents were observed being treated with dignity and respect by staff members. Discussions with staff members evidenced that there was a focus on promoting residents' choices and engagement in community activities.

There were clear lines of authority and accountability in the centre. It was evident that the person in charge and their line manager maintained a regular presence in the centre. All staff working in the centre reported directly to the person in charge, who had commenced the role in January 2023. It was evident that the person in charge had established a good working relationship with staff members, and that they had identified a number of areas for improvement which had positive impact on the provision of care and support to residents.

Supervision meetings were held with staff individually every six months. Team meetings were also held on a six weekly basis. Team meeting notes evidenced that there was open discussions about the supports provided to residents, the findings of audits and reviews in the centre and incidents that occurred in the centre. This ensured staff were kept informed of relevant issues, and that learning was shared.

Regulation 14: Persons in charge

The designated centre appointed a new person in charge in January 2023. This person worked full-time, and carried out the role of person in charge for a total of two designated centres. It was evident that they held the skills and qualifications necessary to fulfil the role. Throughout the inspection, it was evidenced that they had made a positive impact on the provision of care and support to residents, in the time they had been appointed.

Judgment: Compliant

Regulation 15: Staffing

Staff members were supported to complete supervision meetings with the person in charge every six months. It was evident that staff were supported to raise any issues at these meetings, including areas for improvement and challenges faced in providing supports to residents.

A rota had been developed to outline the staff on duty each day, and their hours of work. It was evident that there was enough staff on duty each day to support residents, in line with their assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

An annual review of the services provided to residents had been completed for 2022. This review reflected areas for improvement in the centre, which were in line with the findings of this inspection. This included the upgrades to the residents' home, improvements in residents' goals and medicines management.

Auditing and review was common practice in the centre. Audits were carried out in areas including infection prevention and control, cleaning, medicines management, residents' finances, record keeping and health and safety. Where improvements were required, plans to address these areas had been made. This ensured there was a focus on quality improvement in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents living in the centre had a contract in place. This contract outlined the supports that residents would receive in their home, and the fee they would be charged to live there.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures had been developed on the matters outlined in Schedule 5 of the regulations. These policies and procedures were subject to regular update and review at periods not exceeding three years. These policies were readily available to staff working in the centre, to ensure they were effectively guided in these areas.

Judgment: Compliant

Quality and safety

Residents received a high quality of care and support in their home. At all times throughout the inspection, residents appeared happy and content in their home environment. It was clear that residents were safe in their home, and that there were effective systems in place to ensure risk was managed effectively. Residents and staff members were clearly looking forward to the planned improvements to the premises that were due to take place in the months after this inspection. It was evident that this would positively impact on residents' daily life.

Each resident living in the centre had a staff member that was assigned as their key worker. This staff member was responsible for ensuring that residents were supported to develop and achieve their goals. Although there was evidence of meaningful goals being identified in line with residents' choice and wishes, the development of goals was not consistently implemented for all residents. This required review to ensure residents had goals in place, and were supported to achieve these goals.

In their discussions with the inspector, it was identified that the person in charge had a number of objectives with respect to further improving the level of supports provided to residents. Progress in a number of areas had already been made. For example, residents now accessed more community activities than they had previously, and this was noted to have a positive impact on residents' daily lives. It

was evident that there was a focus on service improvements in this centre.

Overall, staff members demonstrated that they knew residents well. It was clear they provided supports to residents at a high standard.

Regulation 12: Personal possessions

Each resident living in the centre had an individual bank account which was held in their own name. Residents expenses for living in their home were clearly outlined in their contract of care, and these transactions were recorded and documented with oversight by the person in charge. Regular financial audits were also carried out to ensure residents' finances were protected.

When residents made a purchase, records of receipts were maintained and their finances were checked by two staff members to ensure that they were protected. There was evidence of good practices in relation to residents' finances.

Judgment: Compliant

Regulation 13: General welfare and development

It was identified in the centre's annual review that they planned to increase and further improve the level of access residents had to their local community. It was evident that this had been discussed with the staff team at team meetings in the centre. On discussions with staff members, it was identified that residents' access to community activities had increased in recent months. Residents were now planning holidays and hotel breaks, and engaging in a wide variety of activities outside of their home.

Residents had access to transport so that they could engage in activities in their local community.

Judgment: Compliant

Regulation 17: Premises

The residents' home was a bungalow located on the outskirts of Waterford city. The main house comprised of a kitchen/dining area, laundry room, staff sleepover room, four resident bedrooms (two of which had an en-suite bathroom) and two bathrooms. One resident had a self-contained apartment area which comprised of a kitchen/dining area, a resident bedroom and en-suite bathroom. The resident living

in this apartment accessed the main house as they wished, and there was no restriction to their access to their environment.

Premises upgrades and renovations were scheduled to commence in this centre. This included painting, refurbishment and modernisation. These works were due to be completed before the designated centre's next cycle of registration began.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident had transitioned to live in this designated centre, following an emergency admission to another one of the organisation's designated centres. To support their move, a transition plan had been developed. The transition plan was comprehensive in nature. This included plans for the resident to visit their home before their move, and to meet the residents that already lived there.

Staff members communicate to the inspector that the residents move to their new home had been successful, and that they had settled into life in their new home.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy had been developed and was available to staff members working in the designated centre. This policy contained the information required by the regulations.

There were no current high level risks in the designated centre. Any identified risks associated with residents' support needs had a clear risk assessment in place. These risk assessments outlined the control measures in place to reduce the associated risk to residents.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-resistant doors, fire-fighting equipment and emergency lighting were provided to aid safe and effective evacuation. Fire drills were carried out on a regular basis, with a fire competent person having oversight of evacuation times in the centre. Bed evacuation was used to aid evacuation of a number of residents at night, and it was

evidenced that this method of evacuation was used on fire drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicines were stored in a locked press in the designated centre's office. It was noted that when liquid medicines were opened, a date of opening was not recorded to ensure the medicine was disposed of appropriately. Stock checks of residents' PRN medicines (medicines taken only when required) were completed weekly.

Residents' medicines prescription records clearly outlined residents' prescribed medicines and when they were to be administered. These records outlined any allergies that residents had to ensure they were administered safely. It was noted that the maximum dose of PRN medicines required in a 24 hour period were not always clearly outlined.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A number of residents had been supported to identify goals that they would like to achieve. Examples of residents' goals included going to a concert, joining social clubs to make friends and going on holidays. It was evidenced that progress towards these goals were being made, with one resident having booked a holiday for later in the year.

However, this process was not consistently implemented for all residents. The person in charge identified that works were being made to set goals for all residents, in line with their choices and wishes.

Judgment: Substantially compliant

Regulation 8: Protection

A safeguarding policy had been developed to ensure there was clear guidance for staff members on the procedures and protocols for the safeguarding of residents. There was a low level of allegations of suspected/confirmed abuse in the designated centre. It was evident that effective measures were in place to ensure the safety

and safeguarding of residents at all times.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' dignity was respected and promoted in their home. Residents were spoken to in a respectful manner at all times, and it was evident that they were provided with choices with respect to their daily life.

The inspector observed an occasion where a resident walked into another resident's bedroom while staff members were about to support them to meet their personal hygiene needs. The resident whose privacy had been impacted clearly verbalised that the resident should leave their room. Measures were required to ensure that this resident's right to privacy was not impacted by those that they lived with.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bailin OSV-0003283

Inspection ID: MON-0031255

Date of inspection: 21/04/2023

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A detailed upgrade and renovation plan has been developed by our architect which is available to view. The tendering process has been completed and works on the upgrade and renovation of Bailin, 16 Ballinakill Avenue, are expected to be complete by the 23rd of November 2023.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The staff team have been informed that when opening all liquid medications the date of opening must be clearly written on the bottle at the time of opening. The PIC has revised their weekly oversight checks for medication administration and management practices to include checking that opening dates are on each liquid medication. Completed on 22.04.2023 and will be reviewed weekly in future. The staff team have been informed that all medication prescription (Kardex) forms must be checked thoroughly before leaving the medical practice to ensure the GP has completed each section of the Kardex. These staff checks include ensuring the maximum dose in a 24 hour period for each regularly administered medication and PRN is present and correct. Completed on 22.04.2023 and to be monitored through audit on an ongoing basis.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The one remaining person centred plan that was not in date at the time of inspection is now completed. Staff are supporting this individual to achieve their goals and are recording steps taken to achieve these goals. The Person in Charge maintains a schedule to review person centred plans annually and to review progress on goals arising from person centred plans. This progress will be discussed at team meetings which take place every 6 weeks to ensure personal plans are implemented consistently for all residents. The Person in Charge will also review progress on goals in person centred plans in staff supervisions, where staff are also keyworkers for individual residents. Completed 09.05.2023 and will be reviewed at team meetings in future.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Person in Charge has reviewed the 'Personal and Intimate Care' care plan of the resident whose right to privacy had been impacted and has revised it to highlight that the residents door should be locked, by staff, immediately on entering the room with the resident to begin providing personal care. The care plan now states that the first thing staff do prior to providing personal care is to lock the resident's door to protect their right to privacy. This measure is overseen by the person in charge. Completed on the 22.04.2023 and will be reviewed through spot checks monthly.</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 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	23/11/2023
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	22/04/2023
Regulation 05(6)(b)	The person in charge shall ensure that the	Substantially Compliant	Yellow	09/05/2023

	<p>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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.</p>			
Regulation 09(3)	<p>The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</p>	Substantially Compliant	Yellow	22/04/2023