



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

Issued by the Chief Inspector

Name of designated centre:	Ballytobin Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	06 January 2022
Centre ID:	OSV-0003604
Fieldwork ID:	MON-0029689

About the designated centre

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

Ballytobin services is located in a rural setting in Co. Kilkenny. It consists of five houses, offering residential care for up to 14 persons. Three of the houses are co-located on the main site while the other two are approximately one kilometre from the first three. Each house has a sitting room, dining room and kitchen, as well as single-occupancy bedrooms for each resident. Individual supports are offered with an aim of maximising residents' independence and developing their skills. The service operates 24 hours a day, each day of the year. The service is designed to meet a range of needs, including social needs, high medical needs and behavioural challenges. Regular support is available from a multi-disciplinary team. A range of activities are available on site. The grounds has a sensory garden, a poultry run and a polytunnel. There are well maintained walkways, suitable for cycling and walking. Staff qualifications and skill mix varies in each home, depending on the needs of individual residents living in each house. The cohort of staff include care assistants, social care workers, social care leaders and staff nurses. A clinical nurse manager 3 (CNM3), oversees the overall management of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Thursday 6 January 2022	09:30hrs to 16:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector and staff to ensure adherence to national guidance for residential care facilities. This included temperature checks, hand hygiene, social distancing and wearing personal protective equipment (PPE) throughout the inspection day.

There were twelve residents living in the centre. The centre was experiencing an outbreak of COVID-19 on the inspection day. Some residents were identified as positive cases and some were restricting movements due to being a close contact. The inspector did not meet face to face with these residents in the centre due to identified risks but the inspector did wave to some of these residents as they were going for walks and greeted them through windows. These residents appeared happy and content in their home and with the staff supporting them. The inspector also endeavoured to determine the residents experience living in the centre through observing their living environment, speaking with management and staff supporting the residents and through reviewing the documentation which recorded the care provided.

The inspector did a walk around the premises and found that it was suitable to meet the residents needs and was well maintained. The centre is located in a rural setting and consists of five houses. Three of the premises are co-located on the main site while the other two are approximately one kilometre from the first three. Each house has a sitting room, dining room and kitchen, as well as single-occupancy bedrooms for all residents. Residents had personalised their bedrooms to suit their individual preferences. In general, the houses appeared warm and homely. The grounds had a sensory garden, a poultry run and a poly-tunnel and there were lots of room on the grounds for residents to enjoy country walks. The inspector also observed a tricycle, a trampoline, vegetable and flower gardens and go karts during the walk around the grounds.

The staff team comprised of nursing staff, social care workers and care staff. Each of the houses had a team leader and the team leader were supported by a full time person in charge. There was a regular management presence in the centre and the staff team appeared consistent. The numbers of staff on duty and skill mixes in place were appropriate to meet the residents needs. Some residents also accessed further multi-disciplinary support when required and this was supported and facilitated by management and the staff team. This included behavioural therapy, nurse support, speech and language therapy and psychiatry. During the walk around, staff were observed adhering to national guidelines and recommendations regarding COVID-19 in residential care facilities.

Residents appeared to enjoy regular individualised activation. There were day services available to resident on site. Some residents enjoyed attending a social farming programme and a mens shed. During times when resident had to self-

isolate due to COVID-19, individualised activation schedules were circulated to the houses and activities were facilitated in house by the staff working with the residents. Residents all had personal goals in place that they were working towards and staff were supporting them to achieve these. Some residents goals included social outings, new hobbies, going horse riding, arts and crafts and developing their domestic skills including laundry and and baking.

Overall, there were positive findings on the inspection day. The residents appeared to enjoy living in their home. The residents were experiencing consistent staff, a homely environment and regular activation. Residents were regularly consulted regarding their views on the service provided. There was a clear complaints procedure in place and complaints appeared to be a addressed in a serious and timely manner.

The following sections of the report detail the inspectors findings regarding the levels of compliance with the regulations and the providers capacity and capability to provide a safe and effective service

Capacity and capability

The inspections purpose was to review the centres levels of compliance with the regulations and overall, the inspector found high levels of compliance. The registered provider, Brother of Charity Services CLG, was demonstrating the capacity and capability to provide a safe and appropriate service to the residents living in Ballytobin Services. The registered provider had ensured the designated centre and provision of care and support was in line with residents' needs and individual preferences. The provider had appropriately addressed all actions from the centres most previous inspection.

There was a clearly defined management structure in place. The provider appointed a full time, suitably qualified and experienced person in charge who had regular oversight of the centre. The person in charge was supported by a full time team leader, the staff team and senior management.

There was an effective governance system in place and evidence of regular oversight of the quality of care provided in the centre. Regular audits and reviews of the service being provided were taking place. An annual review of the care and support provided had been completed and appropriate actions had been identified and addressed. In addition to this, the provider conducted six-monthly unannounced provider audits as required by the regulations, along with their own internal quality assurance audits in specific areas.

There was a clear staff rota in place that accurately reflected staff on duty. There were appropriate skill mixes and staff numbers in place to meet the assessed needs of the residents. All staff had access to appropriate training, including refresher training, as part of a continuous professional development program. There was

regular formal supervision and support provided to staff.

Regulation 15: Staffing

The staff team comprised of nursing staff, social care workers and care staff. Each of the houses had a team leader and the team leaders were supported by a full time person in charge. There was a staff rota in place that was well maintained and reflective of staff on duty. Support requirements were determined by the residents assessed needs and the inspector found that there were appropriate staffing levels in place to meet these needs. Staff meetings were taking place regularly and some of these were being facilitated online due to COVID-19 risks. There was a communication book in place in every house and there was also an internal email system used to regularly communicate with staff.

Judgment: Compliant

Regulation 16: Training and staff development

There was a program of staff training and refresher training in place. Staff had completed training in areas including first aid, safeguarding, fire safety, infection control, epilepsy management, manual handling, medication management, childrens first and behaviour management. The inspector reviewed staff training records and found that all staff were up-to-date with mandatory training and refresher training. The person in charge completed a regular training needs analysis. The service also had a training department in place who scheduled further staff training days when required.

The person in charge and team leaders completed regular one to one formal supervisions with all staff. An appropriate template was in use which reviewed staffing issues and support needs. A probation period was in place for any new staff. New staff had the opportunity to shadow experienced staff members and an induction checklist was completed with them.

Judgment: Compliant

Regulation 23: Governance and management

The service had a clear management structure in place. There was a full time person in charge in place who had the qualifications, skills and experience necessary to manage the centre. This person was also supported by members of the senior management team. Two Team Leaders were also identified to oversee each of the

five houses. There was a regular management presence in the centre and there was an on-call management system in place.

The service provided was regularly audited and reviewed and there were clear mechanisms in place for provider oversight of the service provided in the centre. The person in charge was completing regular thematic audits and checks in the centre. The person in charge had regular meetings with other persons in charge working with the provider and this was used as a forum for shared learning. When an area was identified as requiring improvements, appropriate action plans were developed. There was a schedule in place for unannounced inspections to be completed on a six monthly basis by a person nominated by the provider. There was a senior services manager in place who also had regular oversight of the service provided.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed in the designated centre. A log was in place to record any complaints received and there was a designated person in the service who was responsible for the management of complaints. Residents had access to a complaints box where they could confidentially submit a copy of their complaint if preferred. The inspector observed an incident where one resident had complained about aspects of their bathroom. The provider had promptly responded to this and had renovated the residents bathroom.

The residents were regularly consulted regarding their views on the service provided. There were regular resident meetings with staff and this was an opportunity for the resident to discuss their preferences and plans for the coming days.

Judgment: Compliant

Quality and safety

The inspector reviewed a number of key areas to determine if the care and support provided was safe and effective to the residents at all times. This included conducting a review of risk documentation, fire safety documentation, residents personal care plans and cleaning schedules. Overall, the inspector found that the centre provided a comfortable home and person centred care to the residents. The management systems in place ensured the service provided appropriate care and support to the residents.

The house was suitably designed and equipped to support the residents and their needs. The premises was clean, in a good state of repair both internally and externally. Risks relating to the current COVID-19 pandemic had also been carefully considered, with appropriate control measures in place.

The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. Staff training was up to date and there was evidence of regular fire evacuation drills taking place in the centre. The service had access to a fire specialist who regularly attended the centre and serviced any fire safety equipment.

Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff spoken with had a good knowledge of safeguarding procedures and told the inspectors what they would do in the event a safeguarding concern arose. Residents were seen to be offered the opportunity to exercise choice and control over their daily activities. Residents presented as safe and well cared for, based on the inspection findings.

Regulation 26: Risk management procedures

The provider had detailed risk assessments and management plans in place which promoted safety of residents and were subject to regular review. There was also individualised risk management plans in place and these were updated regularly to ensure potential risks were identified and assessed. There was an effective online system in place for recording incidents and accidents. All incidents were reviewed with the service multi-disciplinary team and follow up actions were implemented when required.

Residents all had missing person profiles in place. Some restrictive practices were used around the centre, secondary to identified risks. The rationale for these was clearly outlined in corresponding risk documentation.

The service had a health and safety representative and Full health and safety audits were completed on a quarterly basis. Feedback on any findings during these audits was provided to management and staff and appropriate action plans were implemented when necessary. Residents had access to a number of service vehicles on site and these were road worthy and regularly serviced.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was visibly clean on the day of inspection and there were schedules and task allocations in place to ensure all areas of the designated centre were cleaned

regularly. The centre was experiencing an outbreak of COVID-19 on the inspection day. Some residents were identified as positive cases and some were restricting movements due to being a close contact. The premises was well laid out to facilitate self isolation and residents who were self isolating had access to individual bedrooms and bathroom facilities. The centre was well ventilated on the day of inspection and staff were observed wearing face masks in line with national guidance for residential care facilities.

Risks associated with COVID19 were being continually considered, assessed and managed. All staff had completed training in infection control, hand hygiene and the donning and doffing of personal protective equipment (PPE). Regular COVID-19 symptom checks were also completed by staff. The provider had developed a service specific contingency plan for in the event of an outbreak and this outlined an escalation pathway for staff, donning and doffing procedures, risk assessments and waste management procedures.

The service had identified a group of management staff that met regularly online and discussed infection control and COVID-19 risks. This included discussions on updates to national guidance and personal protective equipment. Staff meeting minutes and residents meeting minutes evidenced that up-to-date guidance was regularly discussed in the service. Social stories had been developed for residents which explained some of the COVID-19 precautions in place.

There was a COVID-19 folder in place available to staff. Team leaders were completed regular on site infection control audits. The provider had implement a local guidance document for the prevention and management of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

All outstanding fire works had been completed in the centre since the most previous inspection. There was a fire detection and alarm system in the designated centre, along with fire fighting equipment, emergency lighting and fire containment measures. All equipment in place was checked and serviced by a relevant fire professional on a routine basis, and records of this were well maintained along with certification.

Staff had received training in fire safety, and this training was refreshed routinely. Daily, weekly and monthly fire safety checks were completed by staff and recorded. These included checks of exit routes, lighting, equipment and detection systems. Full health and safety audits were completed on a quarterly basis.

Evacuation procedures were prominently displayed on the centres walls. Simulated fire evacuations were completed regularly by staff and the residents quarterly and these demonstrated that the residents could be safely evacuated from the centre in an efficient manner in the event of a fire. The residents had a personal emergency

evacuation plans (PEEPs) in place. These included photos of the residents and details of supports requirements and actions to take in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents all had personalised assessments of need and personal plans in place. Residents all experienced an annual circle of support meeting where their care and support was reviewed and planned with them. Plans included an individual personal profile of the residents with important information such as communication methods, feeding needs, risks and behaviours. This could be transferred with the resident in the event of an emergency or hospital admission.

Residents all had an assigned key worker. Residents all had personal goals in place that they were working towards and staff were supporting them to achieve these. Some residents goals included social outings, new hobbies, going horse riding, arts and crafts and developing their domestic skills including laundry and and baking.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents presented with high behavioural support needs and were supported to manage their behaviours. The residents had regular access to a behavioural specialist within the service. The residents had a behavioural support plans in place which were developed and reviewed by the behavioural specialist. Some pictures and signs were noted around the walls and the person in charge communicated that these were part of the residents communication plans.

Some restrictive practices were implemented at times around the centre. Documentation reflected risks and clear rationale for the use of these. Staff had all received up to date training in behaviour management.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse in the centre. Staff had completed training in relation to safeguarding and protection of vulnerable adults. There was a designated officer in the service to manage any

safeguarding concerns and there was an up to date safeguarding policy in place that provided clear guidelines for staff should a concern arise. Any safeguarding concerns were treated in a serious manner and screened in line with national policy. Safeguarding plans were implemented when required. All residents had general protection plans in place to protect them from potential safeguarding risks in the centre. There was a system in place for regularly auditing and recording residents finances.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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